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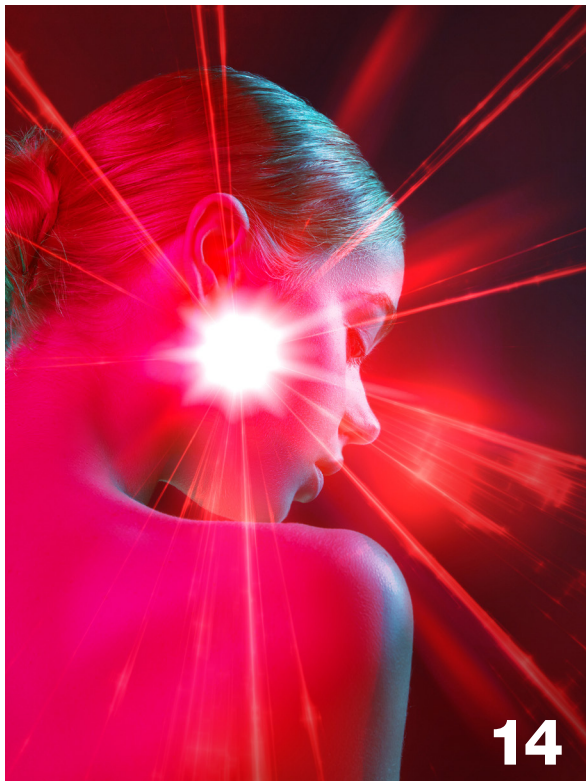
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14



8



24

CONTENTS

September 2026 | Volume 22 | Number 6

RESEARCH

8 Beyond Pigment: An Intelligent, Multitarget, and Synergistic Approach to Post-Inflammatory Hyperpigmentation

by Dr. Juan Calderón

Why modern PIH treatment focuses on inflammation, barrier repair and prevention—not just fading dark spots.

BUSINESS MANAGEMENT

6 Business Consult Practice Success: Ownership's Role Is Leadership, Not Management

by Francis Acunzo

Stop managing daily chaos—start leading your practice toward growth and vision.

24 Wellness Is the New Revenue Frontier:

by Terri Ross

How to Build, Package, and Sell a High-Performance Wellness Menu

30 A Practice Built on Precision and Restraint:

by Keith Loria

Christopher Surek, MD, Has Focused on Anatomy, Education and Natural Results

35 Spotlight

by Joshua Eferighe

Beyond Standard Resurfacing: How Dual-Wavelength Lasers Customize Scar Care

Cover images by K.A./peopleimages.com and ArtoGraphic at Adobe Stock



IN EVERY ISSUE

- 4 Editor's Eye On The Industry**
- 5 Introductions**
- 38 Aesthetic Insights**
- 39 Newsmakers**
- 40 Advertiser Index**

TOOLS AND TECHNIQUES

- 14 Melasma Treatment:**
by Dr. Anna Andrienko
A Protocol Based on Patient Education and Combination Therapy
- 20 The Treatment Room-to-Home Pipeline: Where Results Are Won**
by Dr. David Lieberman
Why patient education, recovery protocols and long-term skincare matter as much as the procedure itself.

COMPLEMENTARY CARE

- 29 Product Roundup**
Pigment Solutions



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A handwritten signature in black ink that reads "Joshua Eferighe".

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The Science Behind Scars



Scars can significantly impact a person's appearance and self-esteem, making scar revision techniques a crucial aspect of esthetic medicine

Cocoa butter heals all wounds — or so my mother always said.

One traumatic scar, severe discoloration and keloid later, I quickly discovered that not all scars aren't the same. In fact, what begins as a scar can sometimes evolve into post-inflammatory hyperpigmentation (PIH), underscoring just how complex the healing process can be.

In September's issue, we dive headfirst into the world of scar revision, exploring everything from the evolution of treatment strategies to the leading devices and post-procedural care techniques dominating today's market.

September's issue also examines advances in regenerative aesthetics, the evolving regulatory landscape surrounding peptides and other developments shaping the future of the scar revision industry. And for a deeper understanding, the issue brings together experts to share their perspectives on the growing category of take-home energy-based devices, as well as what's next in facial plastic surgery.

As summer winds down, we invite you to explore the latest innovations in scar repair and the technologies redefining aesthetic medicine.

A handwritten signature in black ink that reads "Joshua Eferighe".



On June 11, medical Aesthetics data and intelligence provider, Guidepoint Qsight, released a new report analyzing the spending patterns and preferences of younger generations of medical aesthetics/beauty clients called **Needle First: How Gen Z is Rewriting the Aesthetic Patient Journey**.

The new report provides an overview of 2025 patient behavior and delves into how this consumer cohort is changing the way patients are interacting with the world of medical aesthetics and medical-grade beauty, including:

- Neurotoxins as the dominant entry point for Gen Z, for the first time
- Top 5 treatments Gen Z receives in medical aesthetics practices
- Treatments for which Gen Z makes return visits, by frequency and total dollars spent
- A smaller segment of high-frequency, high-spend Gen Z clients pulls all averages upward
- Compounded GLP-1s as a rising segment among Gen Z
- Geographic concentration of Gen Z neurotoxin demand



On July 7, Haut.AI, the award-winning leader in AI-powered skin intelligence and generative skincare personalization, announced the launch of its new Body Analysis platform, a first-of-its-kind AI-powered body skin analysis technology, designed to help beauty and wellness brands deliver personalized, data-driven bodycare experiences for beauty consumers at scale.

Consumers can now try the body skin analysis and bodycare product recommendation platform.

According to the findings:

- 81% of consumers regularly use bodycare products
- 91% expose more of their body skin during summer months
- Nearly 40% feel insecure showing their body skin
- Nearly 50% say body skin concerns impact their enjoyment of summer at least moderately

Research also revealed that body skin concerns are increasingly shaping consumer behavior:

- 43% have changed plans because of body skin concerns
- 45% say cost prevents routine consistency
- 36% say bodycare routines involve too many steps
- 34% say they do not know what products to use



Energize Red Light Activator Serum is the first of its kind: a patent-pending serum that primes the skin to convert light into visible renewal. Formulated to support the skin's mitochondrial/ATP system (the same pathway red and near-infrared light stimulates) it maximizes the benefits of each session when applied before red and near infrared light exposure — all while hydrating, supporting collagen, boosting radiance and energizing the skin.

Key Benefits

- Primes skin before red light therapy—so every second of your session is actively working for your skin.
- Energy-supporting actives work in synergy with the mitochondria-boosting/ATP system that red light stimulates.
- Supports visible firmness, resilience, and renewal.
- Brightens and evens skin tone and texture.
- Supports collagen and smooths the appearance of fine lines and expression-related texture.
- Hydrates without heaviness, leaving a smooth finish.

Oil-free and silicone-free, Energize absorbs quickly with no residue to interfere with light penetration.



Practice Success: Ownership's Role Is Leadership, Not Management

Stop managing daily chaos—start leading your practice toward growth and vision.

Practice owners enter the aesthetic medical industry because they see an opportunity to improve patients' confidence and quality of life while building a rewarding business.

Yet as the practice grows, many find themselves spending less time establishing standards and shaping the future of the organization—and more time resolving scheduling problems, reviewing supply orders, addressing employee conflicts and managing daily administrative details.

These responsibilities may be important, but they are not necessarily ownership's highest and best use.

Successful aesthetic medical practices recognize that leadership and management are different disciplines. Both are essential, but they should not be confused or routinely assigned to the same person. Ownership's principal role should be to lead the practice, establish its vision and define its long-term direction. A qualified practice manager should be responsible for translating that direction into consistent daily execution.

Understanding the Difference

Managers make things happen. They implement policies, coordinate employees, maintain systems and hold the team accountable. Their work creates consistency, order and operational discipline.

Leaders influence people through respected authority. They provide direction, demonstrate what excellence looks like and inspire others to work toward a shared objective. As leadership scholar Warren Bennis famously observed, managers do things right, while leaders do the right thing.

An aesthetic medical practice needs both capabilities. Without effective management, execution becomes inconsistent.

Tasks are missed, standards vary and accountability weakens. Without effective leadership, the team may remain busy but lack a clear understanding of where the practice is going or why its work matters.

The problem arises when ownership attempts to perform both roles simultaneously. Strategic priorities are frequently interrupted by routine operational issues. The owner becomes the default decision-maker for nearly everything, while the practice manager lacks the authority needed to manage effectively.

Eventually, the organization becomes dependent on ownership's constant involvement—and that dependency limits growth.

Administration Versus Development

One of the clearest distinctions between management and leadership is the difference between administering the current business and developing the future business.

The practice manager administers operations. This includes staffing, scheduling, front-desk performance, workflow, bookkeeping coordination, inventory, facilities, human resources and regulatory administration. The manager ensures that established policies are followed and that the practice operates efficiently from one day to the next.

Ownership develops the organization. This includes setting the vision, defining standards, evaluating new services and technologies, protecting the practice's reputation and determining its long-term positioning.

Both perspectives matter. However, if ownership devotes most of its attention to administration, strategic development is often neglected. The practice may continue operating, but it is unlikely to reach its full potential.

Systems and Structures Versus People

Managers naturally focus on systems and structures. They create procedures, define responsibilities, track performance and resolve breakdowns in execution.

Leaders focus on people. They communicate purpose, reinforce values and help employees understand how their individual responsibilities contribute to the patient experience. In aesthetic medicine, where trust and personal relationships strongly influence retention and referrals, leadership's effect on people is especially important.

Ownership's behavior also establishes the cultural standard. If owners ignore policies, undermine the manager or tolerate poor performance from a favored employee, the team quickly learns that accountability is optional. Conversely, when ownership supports the manager, follows agreed-upon processes and consistently models professionalism, the organization becomes stronger.

Leadership does not mean controlling every employee. It means creating clarity, building trust and demonstrating the behaviors expected throughout the practice.

Control Versus Trust

A manager must maintain appropriate control over operations. Employees need clear responsibilities, measurable expectations and consequences when standards are not met.

A leader inspires trust.

Team members must believe that ownership's decisions are grounded in patient safety, ethical care and the long-term health of the organization. They should understand the practice's mission and feel confident that leadership will act consistently with it.

Trust becomes particularly important during change. Introducing a new technology, compensation structure, membership program or consultation process can create uncertainty. Operational instructions alone rarely generate enthusiasm. Employees need to understand why the change is occurring, how it supports the practice's goals and how it will benefit patients and the team.

The manager directs the implementation. Ownership creates belief in the destination.

Short-Term Performance Versus Long-Term Perspective

Managers necessarily maintain a short-range view. They monitor today's schedule, this week's staffing, monthly revenue, outstanding patient concerns and immediate operational priorities.

Leaders maintain a longer-range perspective. They consider where the practice should be in three to five years, how consumer expectations are evolving, which treatments will remain strategically relevant and what capabilities the team must develop.

Similarly, managers typically ask "how" and "when." How will the new consultation protocol be implemented? When will training be completed? How will results be measured?

Leaders ask "what" and "why." What should the practice become? Why should a particular service be added? What makes the organization meaningfully different? Why should talented providers and patients choose this practice?

A healthy organization needs both sets of questions. Ownership establishes the direction, while the manager builds and executes the plan for reaching it.

Creating a Clear Division of Responsibility

The most effective structure places ownership at the top of organizational leadership and the practice manager at the center of administrative operations. In a medically supervised practice, the medical director retains responsibility for clinical oversight and the practice of medicine.

Ownership should retain responsibility for:

- Corporate strategy
- Organizational vision and mission
- Financial objectives and long-term planning
- Evaluation of emerging services and technologies
- Brand positioning and business development
- The culture and long-term direction of the practice

The practice manager should oversee:

- Front-desk and daily operations
- Financial and accounting coordination
- Facilities and asset management
- Human resources and administrative compliance
- Risk-management processes
- Staff performance and operational accountability

Clinical providers remain under appropriate medical oversight while working within the administrative systems managed by the practice manager. Reception, sales and patient-coordination personnel report through the operational structure rather than bringing routine issues directly to ownership.

This separation does not remove ownership from the business. It allows owners to contribute where their authority, judgment and vision create the greatest value.

Moving From Bottleneck to Leader

Owners who have been deeply involved in daily operations may find delegation uncomfortable. Some believe no one else will care as much as they do—or perform a task to the same standard. That concern is understandable, but retaining every decision eventually makes ownership the practice's primary bottleneck.

The solution is not simply to step away. It is to hire or develop a capable manager, clearly define decision-making authority, establish measurable expectations and create a regular communication structure.

Ownership and the manager should meet consistently to review performance, discuss significant personnel matters, address strategic priorities and resolve issues requiring leadership input. Outside those meetings, the manager must have enough authority to manage.

The goal is a productive partnership: ownership leads the practice, the manager runs the practice and both remain accountable for its success.

When leadership and management responsibilities are clearly separated, the practice gains stronger execution, faster decision-making and greater organizational stability. Most importantly, ownership can focus on shaping the vision, inspiring the team and preparing the business for its next stage of growth.

A successful aesthetic medical practice does not require ownership to manage everything. It requires ownership to lead.

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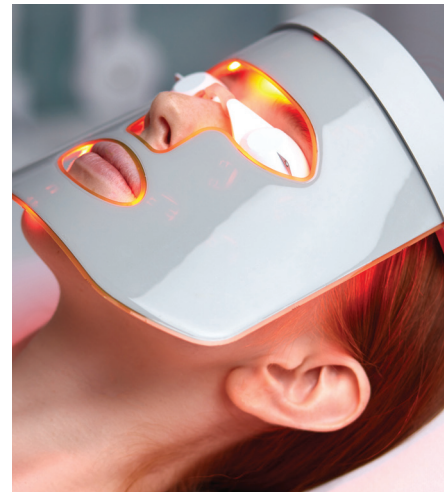
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BEYOND PIGMENT: AN INTELLIGENT, MULTITARGET, AND SYNERGISTIC APPROACH TO POST-INFLAMMATORY HYPERPIGMENTATION

Why modern PIH treatment focuses on inflammation, barrier repair and prevention—not just fading dark spots.

by Dr. Juan Calderón

Post-inflammatory hyperpigmentation (PIH) is often misunderstood as a simple pigment problem. In reality, it is the visible consequence of a broader response to injury. For many patients, the wound heals within weeks, yet the discoloration that follows can persist for months or even years and may become more emotionally distressing than the original trauma. This is especially relevant in darker skin phototypes, where inflammatory stimuli can produce a stronger and more persistent pigmentary response^{1,2}.



Early intervention, photoprotection and skin barrier support can improve post-inflammatory hyperpigmentation outcomes.

In practice, patients come worried because the mark remains visible and because they do not know whether it will fade. This is why PIH deserves a more complete clinical approach than simply waiting for the color to improve.

The first days after injury matter because the future behavior of pigmentation may be influenced before the dark mark is fully visible. During early repair, the skin is not only closing a wound; it is coordinating inflammation, vascular signaling, oxidative stress, keratinocyte-melanocyte communication, extracellular matrix repair, and restoration of the dermoepidermal junction. If this microenvironment remains inflamed, oxidatively stressed, or poorly protected from ultraviolet and visible light, melanocyte stimulation may persist beyond the initial healing process and contribute to more resistant discoloration^{1,9}.

The typical progression begins with tissue damage and inflammation. Inflammatory mediators, reactive oxygen species, vascular signals, and growth factors can stimulate melanocytes to increase melanin production. This response is protective by nature, but in susceptible individuals it may become excessive. When pigment remains mainly epidermal, improvement is often faster. When inflammation disrupts the epidermal-dermal interface and pigment drops into the dermis commonly described as pigment incontinence the discoloration may appear deeper, grayer and slower to clear^{1,3}.

Timing is one of the most important clinical decisions. Historically, many clinicians adopted a “wait and see” approach until the scar had fully matured. Today, the approach is more nuanced. Aggressive pigment treatments should be avoided during active wound healing, but early supportive management after safe re-epithelialization is rational. The goal is not to treat the pigment aggressively while the tissue is still repairing; it is to reduce the

inflammatory, oxidative, vascular, and photoinduced signals that may drive pigment persistence^{1,4}.

For this reason, the first phase of management should begin with barrier restoration, inflammation control, oxidative stress reduction, photoprotection, and low-irritation pigment regulation, not exfoliation or aggressive pigment suppression. It is important to select ingredients whose concentration, vehicle, and mechanism of action are compatible with healing skin and do not increase barrier disruption or irritation. In this setting, antioxidant and melanoregulatory ingredients such as ferulic acid, grape seed extract, thioctic acid, licorice extract, niacinamide, tranexamic acid, and phytic acid may be useful because they support oxidative balance, calm inflammatory signaling, and help regulate pigment without relying primarily on irritation or forced exfoliation. Gentle cleansing is essential; non-stripping cleansers and mild surfactant systems are preferable, while scrubs, exfoliating acids, harsh soaps, fragrance-heavy products, and unnecessary irritants should be avoided. Furthermore, when clinically indicated, short-term physician-directed anti-inflammatory therapy such as topical corticosteroids or other non-irritating anti-inflammatory approaches may be considered. Adjunctive modalities such as LED light therapy may also be useful in selected cases to support inflammation control and recovery. All these options should be individualized according to wound status, anatomical site, skin phototype, and risk of irritation. The key is not only the ingredient itself, but its concentration, vehicle, timing, and the patient's tolerance^{1,5}.

Photoprotection remains the most evidence-supported intervention throughout the entire treatment journey. Ultraviolet radiation and visible light can prolong pigmentation by continuing to stimulate melanocyte activity.

Broad-spectrum sunscreen is therefore not an accessory; it is part of treatment. In patients prone to hyperpigmentation, especially darker phototypes, tinted sunscreens containing iron oxides may provide additional protection against visible light. Physical measures, like shade, hats, protective clothing, and covering the affected area when possible are equally important because sunscreen alone cannot compensate for repeated high-intensity exposure during the vulnerable repair phase^{4,6,7,8}.

Once the barrier is stable, treatment can progress toward pigment modulation and epidermal renewal. Although many clinical studies evaluate therapies as monotherapy, PIH is not a single-pathway condition; therefore, a logical clinical approach often involves synergistic combinations that address melanogenesis, inflammation, oxidative stress, epidermal turnover, barrier function, and, in some cases, dermal pigment deposition. Renewal-oriented actives such as mandelic acid, salicylic acid, retinoids, and other acids may have a role at this stage, especially when combined with more targeted pigment-regulating agents such as arbutin, or with previously introduced melanoregulatory ingredients such as tranexamic acid, azelaic acid, vitamin C derivatives, or niacinamide that may now be used at higher concentrations, greater frequency, or in more corrective protocols according to skin tolerance. These agents should be selected according to skin type, phototype, sensitivity, pigment depth, and tolerance, and introduced progressively to avoid secondary irritant dermatitis that

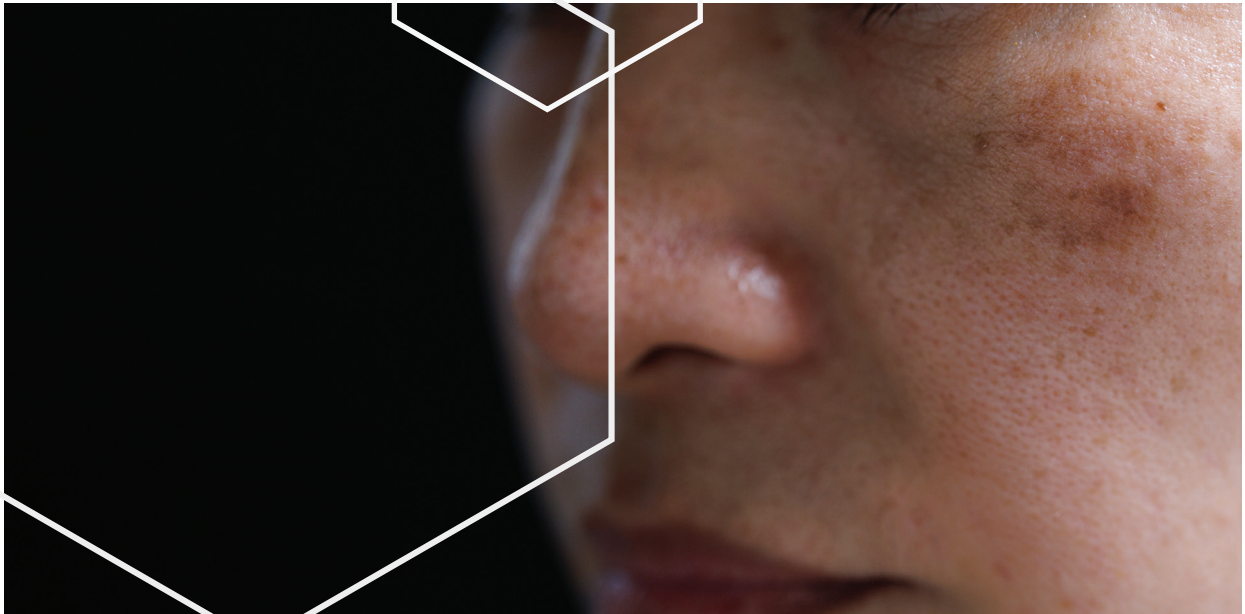
could worsen the clinical outcome. The key is not simply choosing ingredients that “lighten pigment,” but selecting the right agents, vehicles, concentrations, frequencies, and sequences to correct discoloration without creating new inflammation^{1,2}.

For more persistent discoloration, in-office procedures may be introduced progressively. Chemical peels, microneedling, targeted transdermal delivery systems, and selected laser-based technologies can accelerate improvement when appropriately indicated. However, evidence requires caution: in skin of color, partial improvement is more common than complete clearance, and overly aggressive parameters can worsen pigmentation. Procedures should therefore be introduced as part of a guided sequence, not as isolated interventions. A peel, microneedling session, or laser treatment performed on inflamed, barrier-impaired, or photosensitized skin may amplify the very pathway it is intended to correct^{2,5,12}.

The exposome also matters. Ultraviolet exposure, visible light, pollution, heat, sleep deprivation, smoking, nutrition, psychosocial stress, and repeated irritation can contribute to oxidative stress and inflammatory signaling in the skin. While not all exposome-related factors have been studied specifically in post-traumatic PIH, they are relevant to pigmentation, inflammation, barrier health, and skin aging. For patients, this means that success depends not only on what is applied in the office or at home, but also on how the skin is protected in daily life^{10,11}.

The first phase of pigment management should begin with barrier restoration, inflammation control, oxidative stress reduction, photoprotection.





In practice, patients come worried because the mark remains visible and because they do not know whether it will fade.

A critical aspect of management is determining risk rather than deciding whether the case “deserves” treatment. Risk assessment should not make the clinician passive or overly conservative. On the contrary, it helps define prognosis and guide an effective preventive strategy. Because hyperpigmentation can significantly affect self-perception and quality of life, prevention and early supportive management should be considered legitimate care, not cosmetic overreaction^{1,2,13}.

Equally important is setting realistic expectations. PIH improves gradually because the skin must clear accumulated pigment while restoring balance. Epidermal pigmentation may improve over weeks to months, while deeper dermal pigment can take longer and may be more resistant. Most patients require several months of consistent therapy, and resistant cases may need long-term maintenance. Premature escalation can increase irritation and delay recovery^{1,2}.

The most successful outcomes occur when clinicians recognize that persistent discoloration is not merely a pigment disorder, but part of a broader healing process involving inflammation, barrier function, vascular signaling, scar remodeling, oxidative balance, extracellular matrix integrity, and cellular communication. This is the philosophy that guides my approach within the SURPLEXION ecosystem: preparation, recovery, correction, and maintenance.

This is where systems such as Complexion Code and INFUSION SQ become clinically useful. They allow the

clinician to adapt intensity, timing, and delivery according to the skin's phase of recovery. Complexion Code supports the topical side of the journey with strategies that can be adapted across phases: antioxidant defense, barrier comfort, tone regulation, progressive pigment correction, and long-term maintenance through carefully selected combinations of melanoregulatory, renewing, and restorative ingredients. Its different options within the range make it possible to adjust the level of intervention according to skin tolerance, timing, phototype, and inflammatory status, which is essential when treating PIH-prone skin.

INFUSION SQ extends this approach into the in-office setting through precision delivery and targeted skin quality protocols. Rather than treating pigment as an isolated endpoint, it supports the broader tissue environment that influences visible quality, including tone, texture, firmness, radiance, oxidative balance, and tissue-level communication. Together, Complexion Code and INFUSION SQ reflect the same clinical principle: effective PIH management is not defined by one aggressive intervention, but by the right sequence, the right target, and the right level of stimulation for the skin's current state.

This systems-based approach requires clinical judgment. The clinician must decide when the skin is ready, which pathways need priority, and how much stimulation the tissue can safely tolerate. Early management should focus on protection and recovery; later phases may progress toward pigment modulation, texture improvement, scar quality, and maintenance. Ultimately, modern PIH care is

moving beyond simply treating a dark spot and toward guiding the skin through a complete recovery process one based on earlier recognition, better sequencing, strong photoprotection, low-irritation correction, and respect for the biology of healing skin.

Practical step-by-step guide from clinical experience

1. First, assess risk not to become overly conservative, but to define prognosis, communicate realistic expectations, and guide an effective preventive strategy. Evaluate phototype, intensity of inflammation, location, depth and color of pigment, scar behavior, sun exposure, history of irritation, and patient distress.
 2. Do not treat aggressively over an open wound or actively inflamed skin. Wait until safe re-epithelialization before introducing active pigment care.
 3. In the early phase, prioritize gentle cleansing, barrier repair, anti-inflammatory support, antioxidant protection, strict photoprotection, and low-irritation melanoregulatory ingredients that are compatible with healing skin.
 4. Avoid friction, heat exposure, early exfoliation, harsh acids, irritating vehicles, aggressive retinoids, and unnecessary procedures while the skin remains reactive.
 5. Once the barrier is stable, intensify pigment modulation progressively by combining melanoregulatory agents with epidermal renewal strategies, adjusting concentration, frequency, and vehicle according to tolerance.
 6. In persistent PIH, consider in-office procedures only after adequate preparation: superficial peels, microneedling/TDS, or carefully selected lasers depending on phototype, pigment depth, scar quality, vascular/inflammatory activity, and risk of rebound pigmentation.
 7. Maintain results with daily photoprotection, barrier support, antioxidant care, gentle pigment regulation, and periodic reassessment. In PIH, recurrence prevention is part of treatment.
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Dr. Juan Camilo Calderón is a board-certified dermatologist specializing in clinical dermatology, cosmetic dermatology, injectable treatments, skin quality optimization, chemical peels, and hyperpigmentation management. His work focuses on integrating evidence-based medicine with practical clinical applications to advance outcomes in aesthetic and regenerative dermatology.

For more information on Complexion Code, INFUSION SQ, or other systems referenced in this article, visit xtetic.com.

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MELASMA TREATMENT:

A Protocol Based on Patient Education and Combination Therapy

by Dr. Anna Andrienko

Melasma remains one of the most common and clinically challenging pigmentary disorders encountered in aesthetic and dermatological practice. Despite the expanding range of energy-based devices and topical treatments, long-term outcomes remain limited due to the chronic and recurrent nature of the condition. Unlike isolated solar lentigines, melasma is a complex pathological process involving melanocyte hyperactivity, vascular dysregulation, oxidative stress, chronic subclinical inflammation, and impairment of the epidermal barrier.



Research indicates that melasma affected skin demonstrates delayed recovery following barrier disruption

Over the past decade, our understanding of melasma pathogenesis has evolved significantly. Current evidence suggests that melasma should be viewed not only as a pigmentary disorder but also as a condition associated with photoaging and involving multiple interconnected pathophysiological mechanisms. This helps explain why treatments aimed solely at pigment removal often fail to provide lasting clinical improvement.

Therefore, successful patient management depends less on selecting a single modality and more on implementing a structured multimodal approach. In clinical practice, this includes patient education and skin preparation, targeted in-clinic treatment, and a carefully designed maintenance program aimed at preventing recurrence.

Patient Education and Preparatory Home Care

One of the most common mistakes in melasma treatment is initiating procedural therapy before the patient fully understands the nature of the condition. Melasma is not a static accumulation of pigment but a dynamic biological process influenced by ultraviolet radiation, visible light, hormonal factors, heat exposure, and inflammation. If these triggers are not controlled, even technically successful procedures often provide only temporary improvement.

For this reason, patient education should be considered the first stage of treatment. During consultation, clinicians should discuss the effects of sunlight and visible light

exposure, hormonal influences, heat exposure from saunas, hot yoga, and intense exercise, as well as the importance of long-term maintenance therapy. Equally important is setting realistic expectations, as complete and permanent clearance of melasma is rarely achievable.

Particular attention should be paid to the condition of the epidermal barrier. Research indicates that melasma-affected skin demonstrates delayed recovery following barrier disruption, highlighting the importance of supporting epidermal barrier function throughout all stages of treatment. Chronic inflammation and increased sensitivity to environmental factors may contribute both to disease persistence and recurrence.

A preparatory skincare program is typically initiated 2–3 weeks before procedures. The foundation of treatment is broad-spectrum photoprotection. Tinted sunscreens containing iron oxides are especially valuable because they provide protection against visible light, which plays a significant role in the development of hyperpigmentation in patients with melasma. The use of UV filters alone may be insufficient to address this pathogenic mechanism.

Morning skincare may include a stabilized form of vitamin C to provide antioxidant protection and additional inhibition of melanogenesis. Azelaic acid remains an important component of therapy due to its favorable safety profile, including suitability during pregnancy and breastfeeding. Gentle cleansers and moisturizers containing ceramides, cholesterol, and fatty acids help restore

epidermal barrier function, improve skin resilience, and enhance tolerance to subsequent procedures.

For selected patients, alternative depigmenting agents such as cysteamine may be considered instead of hydroquinone, particularly when long-term maintenance therapy is required or hydroquinone intolerance is present.

By the time procedural treatment begins, inflammation is typically reduced, epidermal barrier function has improved, and the skin is more resilient to external stressors, thereby reducing the risk of treatment-induced exacerbation.

Microneedling Combined with a Tranexamic Acid-Based Complex

Once the skin has been adequately prepared, the primary treatment phase can begin. For many patients, microneedling combined with tranexamic acid represents an effective and well-tolerated therapeutic option.

Tranexamic acid has gained increasing importance in melasma management due to its ability to target several key pathogenic pathways. By inhibiting the plasminogen-plasmin system, it helps reduce melanocyte stimulation, decrease inflammatory activity, and partially influence the vascular component of the disease.

When applied topically, tranexamic acid penetration through the stratum corneum is limited. Microneedling creates controlled microchannels that enhance transdermal delivery while simultaneously stimulating epidermal renewal processes. As a result, the technique provides both improved delivery of active ingredients and an independent regenerative effect.

Vitamin C is frequently incorporated into treatment protocols because of its antioxidant properties and its ability to inhibit tyrosinase through copper chelation.

The combined use of these ingredients allows multiple aspects of melasma pathophysiology to be addressed, including oxidative stress, melanogenesis, inflammation, and vascular signaling. Clinical experience suggests that multimodal approaches may provide more stable outcomes than targeting a single pathogenic mechanism, although high-quality comparative studies remain limited.

Treatments are typically performed at intervals of 3–4 weeks. Throughout the treatment course, strict photoprotection remains essential. In practice, inadequate sunscreen use is one of the most common causes of unsatisfactory outcomes and recurrence.

Oral Tranexamic Acid and Hydroquinone: Regulatory Considerations in the United Kingdom

In resistant or extensive cases of melasma, oral tranexamic acid may be considered. Although it is not

officially licensed for this indication, its efficacy has been demonstrated in multiple studies, and off-label use is becoming increasingly common when accompanied by appropriate medical supervision.

The most frequently used regimen is 250 mg twice daily. Before prescribing, clinicians should carefully assess contraindications, including a personal or family history of thromboembolic disease, pregnancy, severe renal impairment, color vision disturbances, and the use of combined hormonal contraceptives in the presence of relevant risk factors.

In the United Kingdom, tranexamic acid is a prescription-only medicine and may be prescribed only by a qualified healthcare professional following an individualized risk assessment and informed patient consent.

Hydroquinone remains one of the most effective topical depigmenting agents. However, its regulatory status differs significantly from many other ingredients used in aesthetic medicine. Since 2001, hydroquinone has been prohibited in over-the-counter cosmetic products throughout the United Kingdom and the European Union. When prescribed, it is





Melasma treatment outcomes depend heavily on proper patient preparation and adherence to photoprotection.

generally used as part of a medical treatment plan under physician supervision and for limited treatment courses rather than continuous long-term use.

Potential adverse effects include skin irritation and, in rare cases associated with prolonged use, exogenous ochronosis. Appropriate patient selection and regular monitoring are therefore essential.

Choosing the Right Modality: Picosecond Laser, Thulium Laser, or Retinoic Acid Peel

There is no universal device or procedure that is equally effective for all patients with melasma. Treatment selection should be guided by pigment depth, skin phototype, the degree of inflammatory activity, patient expectations, and acceptable downtime.

For some patients, microneedling combined with topical therapy may remain the primary treatment modality. In other cases, laser technologies or chemical peels may be introduced following appropriate skin preparation.

• Picosecond Laser

Picosecond lasers work primarily through a photomechanical mechanism. Energy is delivered in ultrashort pulses that generate acoustic waves capable of fragmenting pigment while minimizing thermal injury to surrounding tissues.

The fragmented melanin is subsequently cleared through macrophage phagocytosis and natural epidermal turnover. Because thermal exposure is relatively low compared with many traditional laser systems, the risk of inflammation-induced repigmentation may be reduced.

Picosecond technology is particularly useful when mechanical disruption of persistent pigment deposits is required, allowing gradual clearance over time. Nevertheless, melasma remains a condition with a high recurrence rate, making careful patient selection and conservative treatment parameters essential.

• Thulium Laser

The non-ablative fractional 1927 nm thulium laser has attracted considerable attention in the treatment of pigmentary disorders. Its wavelength is strongly absorbed by water, resulting in energy concentration primarily within the epidermis and superficial papillary dermis.

Within the treatment zone, water acts as the primary chromophore, creating controlled microthermal injury. This accelerates epidermal renewal, promotes transepidermal elimination of melanin, and may improve the condition of the superficial dermoepidermal junction, where melanophages are frequently found.

Clinical improvement results from a combination of pigment removal and tissue remodeling rather than pigment destruction alone. Unlike picosecond lasers, which rely predominantly on photomechanical pigment fragmentation, thulium lasers create controlled photothermal injury that stimulates epidermal renewal and pigment elimination.

When patients are appropriately selected, this

modality may be particularly beneficial for epidermal and mixed-pattern melasma. However, careful parameter selection is required to minimize the risk of post-inflammatory hyperpigmentation.

• Retinoic Acid Peels

Retinoic acid peels represent another valuable treatment option, particularly for patients who prefer a less device-oriented approach.

Often combined with ingredients such as kojic acid or phytic acid, these peels accelerate epidermal turnover, reduce melanosome transfer, and contribute to overall skin quality improvement. Due to their predominantly superficial action, they may offer a favorable safety profile in Fitzpatrick skin types III–V compared with more aggressive chemical peeling agents.

As with all melasma treatments, outcomes depend heavily on proper patient preparation and adherence to photoprotection. Performing peels in the presence of active inflammation or significant barrier dysfunction increases the risk of treatment failure and rebound hyperpigmentation.

The Limited Role of Broadband Light and Intense Pulsed Light Systems

Broadband Light (BBL) and Intense Pulsed Light (IPL) systems are widely used for the treatment of solar lentigines and diffuse photodamage. However, their role in active melasma management is considerably more limited.

Because their mechanism of action relies on selective photothermolysis of epidermal melanin, the resulting thermal exposure may provoke inflammation and trigger repigmentation in susceptible individuals. This risk is particularly relevant in Fitzpatrick skin types IV–VI.

For this reason, broadband light is generally reserved for the treatment of associated photodamage or isolated lentigines after melasma has been stabilized and is not considered a first-line treatment for active disease.

Epidermal Barrier Recovery and Long-Term Maintenance Therapy

The importance of maintenance therapy cannot be overstated. Improvements achieved through procedural treatment are rarely permanent, and recurrence remains common even after successful correction.

Restoration of epidermal barrier function is particularly important during the early post-procedure period. Rich moisturizers containing ceramides, cholesterol, and fatty acids support epidermal barrier recovery, promote barrier homeostasis, and may reduce post-treatment inflammation during the period when recurrent hyperpigmentation is most likely to develop.

In the long term, photoprotection remains the cornerstone of maintenance therapy. Daily use of tinted sunscreens containing iron oxides is the single most important measure for preserving treatment results.

Vitamin C, azelaic acid, and niacinamide provide additional support through antioxidant activity, regulation of pigment production, and reinforcement of epidermal barrier function. Other tyrosinase inhibitors, including kojic acid, alpha-arbutin, and licorice extract, may also be incorporated when appropriate.

Once the skin has fully recovered from procedures, retinoids may be introduced into the maintenance regimen. Although retinoids are included in many established melasma treatment protocols, their use may be temporarily postponed during intensive procedural treatment in patients with highly reactive skin. When well tolerated, they promote epidermal renewal and help reduce the risk of recurrent superficial hyperpigmentation.

Even with optimal adherence, recurrence may occur due to hormonal changes, ultraviolet and visible light exposure, or the chronic nature of the disease itself. Nevertheless, patients who maintain a long-term prevention and skincare program generally preserve their improvements far longer than those who discontinue treatment after achieving visible results.

Conclusion

Melasma should be regarded as a chronic multifactorial disease rather than a simple accumulation of pigment. Effective treatment requires simultaneous control of the pathogenic mechanisms that sustain hyperpigmentation and removal of existing pigment deposits.

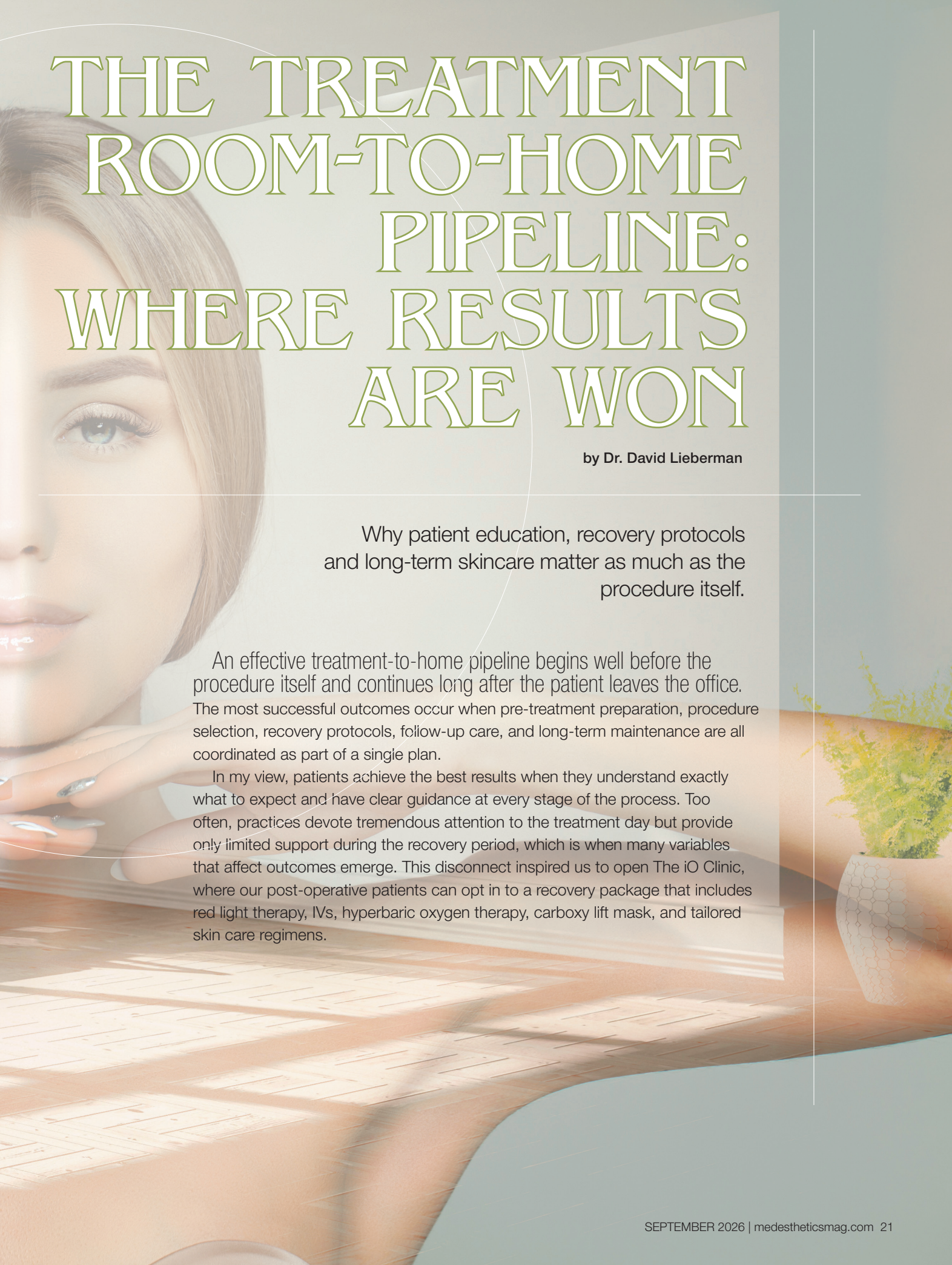
Patient education, photoprotection, preservation of epidermal barrier integrity, and consistent long-term maintenance therapy remain the foundation of successful melasma management. Within this framework, microneedling with tranexamic acid, supported by carefully selected topical agents and, when appropriate, picosecond lasers, thulium lasers, or retinoic acid peels, can provide clinically meaningful and durable improvement.

Ultimately, the most sustainable outcomes are achieved not through any single device or medication but through a structured combination approach tailored to the individual patient. **ME**



Dr. Anna Andrienko is a board-certified dermatologist at the world-renowned Dr Ducu Clinics. She graduated from Volgograd State Medical University of the Federal Agency for Healthcare and Social Development. She is an expert in dermatovenereology and cosmetology, facial fillers and energy based devices. She also has a Doctor in specialty of Medical Care.



A woman with blonde hair and blue eyes is resting her chin on her hands, which are placed on a wooden table. In the background, there is a small potted plant with green foliage. The overall scene is softly lit, creating a calm and professional atmosphere.

THE TREATMENT ROOM-TO-HOME PIPELINE: WHERE RESULTS ARE WON

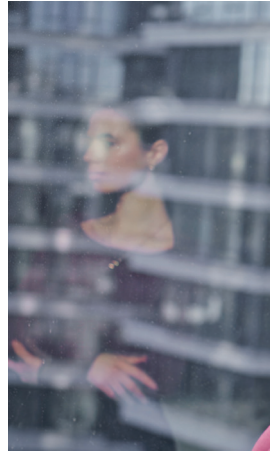
by Dr. David Lieberman

Why patient education, recovery protocols and long-term skincare matter as much as the procedure itself.

An effective treatment-to-home pipeline begins well before the procedure itself and continues long after the patient leaves the office. The most successful outcomes occur when pre-treatment preparation, procedure selection, recovery protocols, follow-up care, and long-term maintenance are all coordinated as part of a single plan.

In my view, patients achieve the best results when they understand exactly what to expect and have clear guidance at every stage of the process. Too often, practices devote tremendous attention to the treatment day but provide only limited support during the recovery period, which is when many variables that affect outcomes emerge. This disconnect inspired us to open The iO Clinic, where our post-operative patients can opt in to a recovery package that includes red light therapy, IVs, hyperbaric oxygen therapy, carboxy lift mask, and tailored skin care regimens.

The Treatment Room-to-Home Pipeline



Patients achieve the best results when they understand exactly what to expect and have clear guidance at every stage of the process

Recovery Is Where Results Take Shape

The post-treatment protocols that consistently deliver meaningful results are often the least glamorous. Sun protection, gentle wound care, inflammation control, appropriate moisturization, and adherence to activity restrictions have a far greater impact on healing than many patients realize. I routinely see better outcomes when patients follow simple, evidence-based instructions rather than relying on numerous products or trending recovery hacks. In the acute recovery period, evidence based hyperbaric oxygen and red light protocols are a mainstay.

For long term maintenance and outcomes, medical grade skin care regimens need to be considered. Retinoids, when introduced at the appropriate stage of healing, can also play an important role in maintaining skin quality and supporting long-term collagen remodeling. By contrast, many expensive recovery kits, excessive supplement regimens, and products marketed as “medical-grade” do not always have strong scientific evidence supporting their claims. While some newer technologies and formulations may offer benefits, the marketing often exceeds the available data. In aesthetic medicine, the fundamentals still outperform most of the hype.

Different Treatments, Different Recovery Needs

After surgery, the focus is on minimizing swelling and scarring, preventing post-operative issues, and supporting the tissues' natural healing mechanisms. Patients receive detailed instructions regarding incision care, sleep positioning, physical activity, and the timeline for recovery, which can extend for several months. Following non-surgical treatments, such as injectables, lasers, or energy-based procedures, the emphasis shifts toward managing inflammation, restoring the skin barrier, preventing pigmentation issues, and preserving results. Many patients mistakenly assume that non-surgical treatments require

little to no recovery, when in reality proper aftercare can significantly influence outcomes. I often spend time educating patients about what is normal during healing and how to avoid behaviors that may compromise their results. Regardless of the treatment, patient education remains one of the most important determinants of success.

Separating Science From Hype

When recommending products and recovery tools, I focus on interventions that have demonstrated clinical value rather than simply following industry trends. Broad-spectrum physical sunscreen is non-negotiable because it protects healing skin, preserves treatment results, and prevents unnecessary pigmentation changes. I frequently recommend ingredients such as retinoids, vitamin C, niacinamide, and high-quality moisturizers because they support skin health, barrier function, and long-term maintenance.

For surgical patients, LED light therapy, particularly red and near-infrared wavelengths, has shown promise in helping reduce inflammation, support tissue repair, and potentially accelerate recovery following both surgical and non-surgical procedures. Hyperbaric oxygen therapy is a valuable adjunct in our surgical patients, as increased oxygen delivery supports tissue recovery and reduces healing complications. IV hydration and nutrient therapy can also be beneficial in select situations by supporting hydration, replenishing key vitamins and minerals, and helping patients feel better during the immediate recovery period, although it should not be viewed as a substitute for proper nutrition and post-operative care.

Managing Expectations During Recovery

Patients often underestimate the importance of strategic recovery protocols. In reality, what happens during the recovery period plays a vital role in determining the



outcome. Patients sometimes believe that once treatment is completed, the difficult part is over, when in fact the body is only beginning the healing process. Factors such as sun exposure, inflammation management, adherence to instructions, and overall health can significantly influence how tissues heal and how long results last. Another misconception is that visible healing and biological healing occur on the same timeline.

While bruising and swelling may resolve relatively quickly, deeper tissue remodeling can continue for months and, in some cases, up to a year. Helping patients understand these timelines often leads to greater satisfaction because expectations become more aligned with reality. I also know how important it is to support someone's mental health during this vulnerable period. We see first hand how powerful reducing stress and supporting a positive outlook can be on the healing process.

The Evolution of At-Home Recovery

The at-home recovery and skincare category has evolved dramatically over the past decade, shifting from a largely cosmetic focus to a more sophisticated understanding of skin biology and wound healing. There is now greater appreciation for the importance of barrier repair, inflammation control, and long-term skin health as part of aesthetic treatment plans. I believe some of the most meaningful advancements include improved post-procedure skincare formulations, more evidence-based scar management strategies, and increased patient access to education and follow-up support. At the same time, social media has accelerated the spread of trends, many of which lack strong clinical validation. Consumers are often overwhelmed by countless new ingredients, devices, and recovery protocols that promise dramatic results with limited supporting evidence. In my experience, consistent use of proven fundamentals continues to outperform most

trend-driven solutions. The challenge for both physicians and patients is distinguishing innovations that are supported by science from those driven primarily by marketing.

The future of the treatment-to-home pipeline will likely be defined by greater personalization, technology integration, and continuous patient engagement. Advances in regenerative medicine, including growth factors and biologically active therapies, may further improve healing and optimize outcomes in both surgical and non-surgical settings.

I also anticipate more individualized recovery plans based on factors such as skin type, genetic predispositions, lifestyle habits, and treatment goals. As data collection and technology improve, aftercare protocols will become increasingly tailored rather than standardized. Ultimately, the future lies in creating a seamless plan of care that extends far beyond the treatment room and supports patients throughout the entire healing process. [ME](#)



Dr. David Lieberman is a double board-certified, fellowship-trained facial plastic and reconstructive surgeon serving the San Francisco Bay Area with offices in Palo Alto and Los Gatos, CA.

Certified by the American Board of Otolaryngology-Head and Neck Surgery and a member of the American Academy of Facial Plastic and Reconstructive Surgery, he possesses comprehensive knowledge of the intricacies of facial anatomy. As the medical director of L&P Aesthetics, Dr. Lieberman specializes in facial plastic surgery including the L&P Signature Facelift and Neck Lift, rhinoplasty, and hair restoration. He works in close partnership with Dr. Sachin S. Parikh at our Palo Alto location to deliver unparalleled aesthetic results to the Bay Area women and men he treats.



WELLNESS IS THE NEW REVENUE FRONTIER:

How to Build, Package, and Sell a High-Performance Wellness Menu

by Terri Ross

Wellness has quickly moved from an ancillary service offering to a significant growth category within aesthetic medicine.

According to Qsight's analysis of more than 33,000 aesthetic practices, 50% now mention wellness on their websites, and more than 6,000 practices reference longevity as part of their positioning. At the same time, medical weight loss and GLP-1 programs grew 55% year-over-year in 2024, making them the fastest-growing category in medical aesthetics.

The demand is evident. Patients are seeking solutions that address weight management, hormone health, energy, metabolic performance, healthy aging, and longevity alongside traditional aesthetic concerns. What remains less clear for many practice owners is how to build a wellness program that contributes meaningful revenue, supports patient outcomes, and integrates successfully into the overall business model.

The practices generating the strongest results are not simply adding wellness services to their menu. They are building structured programs, creating recurring revenue opportunities, and developing systems that support long-term patient engagement.

Wellness Is Expanding the Patient Relationship

For years, aesthetic practices have focused primarily on episodic treatment revenue. A patient receives a consultation, purchases a treatment, completes the treatment or a series of visits, and returns when another need arises or goes someplace else.

Wellness creates a different dynamic. Many wellness services require ongoing monitoring, coaching, accountability, follow-up care, and reassessment. Instead of interacting with patients a few times a year, practices have the opportunity to engage with them consistently throughout their health and aesthetic journey.

This shift creates significant business advantages. As patient acquisition costs continue to rise, increasing patient lifetime value has become one of the most important drivers of profitability. Wellness programs support retention, create recurring revenue, and

Wellness is the New Revenue Frontier



The practices generating the strongest results are not simply adding wellness services to their menu, they are building structured programs.

strengthen patient loyalty in ways that many traditional treatment models cannot.

They also align naturally with the motivations of today's aesthetic patient. The individual seeking facial rejuvenation may also be struggling with weight gain, fatigue, poor sleep, hormone imbalance, or declining energy levels. Patients increasingly want providers who understand the connection between appearance, health, and overall functional health.

Building a Wellness Program Around Outcomes

One of the most common mistakes practices make is building a wellness offering around treatments rather than patient objectives.

Hormone replacement therapy, peptides, IV therapy, nutritional counseling, medical weight loss, and supplements each have value independently. However, presenting services as individual options often creates confusion and limits patient commitment.

Patients are not looking for a peptide protocol. They are looking for more energy. They are not seeking a metabolic assessment. They want help losing weight. They are not necessarily interested in hormone optimization itself. They want to sleep better, improve their performance, and feel like themselves again.

Successful wellness programs are organized around outcomes. Performance and energy optimization, weight and metabolic health, healthy aging, and longevity

are examples of frameworks patients understand.

Once the objective is established, providers can build recommendations that combine multiple services into a comprehensive plan.

This approach not only simplifies decision-making for patients but also creates more meaningful treatment strategies and higher-value care plans.

The Most Profitable Practices Don't Sell Treatments. They Present Comprehensive Treatment Plans

Many practices continue to sell wellness services individually. While individual transactions generate revenue, they rarely maximize patient outcomes, engagement or financial performance.

The most successful wellness programs are built around structured packages that include multiple touchpoints, measurable milestones, ongoing assessments, and clearly defined objectives.

Examples include:

- Twelve-week metabolic reset programs
- Six-month hormone optimization programs
- Executive performance programs
- Healthy aging memberships
- Annual longevity programs

When services are packaged together, patients gain a clearer understanding of the process and expected



outcomes. Providers can monitor progress more effectively, and practices benefit from greater continuity of care.

Packaging also creates greater financial predictability. Rather than relying on individual transactions, practices establish recurring revenue streams that support long-term growth.

The Consultation Is Where Revenue is Won or Lost

In many practices, the greatest opportunity for growth lies in the consultation. My team and I work with practices all over the world and what we find is that the consultation is the single most important revenue generating event in an aesthetic/wellness practice. Every marketing dollar, referral, website inquiry, and phone call is ultimately won or lost in that conversation. This challenge becomes even more pronounced with wellness. Unlike a single aesthetic treatment, wellness often requires a longer-term commitment. Patients need education, a clear path, and confidence in both the recommendation and the expected outcome.

Yet many providers spend the majority of the consultation discussing treatments rather than understanding the patient's goals, frustrations, and motivations.

Effective wellness consultations focus on identifying:

- Primary health concerns
- Lifestyle challenges

- Previous treatment experiences
- Personal and professional goals - The WHY
- Desired outcomes

These conversations establish the foundation for a treatment plan that feels personalized, relevant, and actionable.

The consultation should not function as a presentation of services. It should provide patients with a clear understanding of where they are today, where they want to go, and how the recommended program will help them get there.

Why Selling One Treatment is Costing You In Lifetime Value

Once goals are identified, the next step is creating a comprehensive treatment plan. Patients should leave the consultation with a roadmap that outlines recommended services, products, timelines, expected milestones, expected results, follow-up schedules, and investment.

This is an area where many practices continue to underperform. When recommendations are presented individually, patients often purchase only part of what is needed. When recommendations are positioned within a comprehensive strategy, patients are more likely to understand the value of the entire plan. If they want a certain outcome, the protocol to achieve that is....and here is why.

Wellness is the New Revenue Frontier

Practices that take a comprehensive treatment planning approach consistently outperform those presenting individual services. Patients gain a clearer understanding of the recommended strategy, providers deliver more coordinated care, and practices typically see stronger treatment acceptance and higher overall case value.

When patients understand the rationale behind a recommendation and how each component contributes to their desired outcome, they are more likely to move forward with confidence.

Measuring What Matters

A wellness program should be managed with the same level of operational discipline as any other profit center within the practice.

Too often, practices launch wellness initiatives without defining success metrics.

Key performance indicators should include:

- CAC (Customer Acquisition Cost)
- Consultation conversion rate
- Program enrollment rate
- Average patient value
- Membership retention
- Follow-up compliance
- Recurring revenue percentage
- Patient retention rate

Without measurement, it becomes difficult to identify performance gaps or understand which programs are producing the strongest return.

The most successful wellness programs are supported by training, clear systems, accountability, and ongoing performance tracking.

Wellness and Aesthetics Are No Longer Separate Conversations

One of the most important shifts occurring across the industry is the growing convergence of aesthetics and wellness.

Qsight identified the integration of aesthetics and wellness as one of the defining trends shaping the industry in 2026. Patients increasingly expect providers to address both appearance and overall well-being rather than treating them as separate concerns.

This creates opportunities throughout the patient journey. A patient enrolled in a medical weight loss program may later pursue body contouring procedures. A hormone optimization patient may become interested in regenerative or aesthetic treatments. An aesthetic patient may uncover wellness concerns during a comprehensive consultation.

Practices that understand these connections are better positioned to increase patient lifetime value while delivering a more comprehensive experience.

Looking Ahead

Wellness is no longer a niche service category. It has become a meaningful business opportunity for practices looking to diversify revenue, strengthen patient relationships, and create more predictable growth.

The practices achieving the strongest results are approaching wellness strategically. They are building programs instead of individual services, developing comprehensive treatment plans, measuring performance through clear KPIs, and creating systems that support long-term engagement.

As patient expectations continue to evolve, wellness will play an increasingly important role in how aesthetic practices grow and differentiate themselves. The opportunity extends beyond adding new services. It is about creating a model that supports better patient outcomes, stronger retention, increased lifetime value, and sustainable revenue growth. **ME**



Terri Ross is a globally recognized business strategist, speaker, and high-performance coach in medical aesthetics. With 20+ years of consulting experience and a Fortune 500 sales leadership background, she specializes in practice management, revenue optimization, and sales training. As Founder and CEO of Terri Ross Consulting, she has helped over 2,000 practices scale, driving multi-million-dollar revenue growth. She is Founder of the APX Platform (acquired in 2023) and Co-Founder of the 4S Summit.

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A PRACTICE BUILT ON PRECISION AND RESTRAINT:

Christopher Surek, MD, Has Focused on Anatomy, Education and Natural Results

by Keith Loria

Christopher Surek, DO, FACS, didn't set out to become an aesthetic plastic surgeon.

His early interest in medicine was rooted in something far more reconstructive, the desire to help children born with cleft lip and palate.

"I just thought it was such a powerful operation," he says. "Being able to restore a smile for a child and change the trajectory of their life—that's what drew me in initially."

But like many surgeons, his path evolved as his exposure to the field deepened. During training, two experiences shifted his focus toward aesthetics: seeing his first facelift and watching a transformation closer to home.

"When I saw my first facelift, I realized how impactful aesthetic surgery could be," he says. "And then my wife had a procedure, and seeing that result firsthand really reinforced it. That's when I knew this was the direction I wanted to go."



Christopher Surek







When Surek launched his practice, he made a decision to focus exclusively on aesthetics.

Today, nearly a decade into practice, Surek has built a reputation as both a surgeon and an educator, with a practice centered on facial aesthetics, injectables and body contouring. His approach is rooted in precision and restraint with an emphasis on restoring rather than changing, which continues to resonate with a growing patient base.

Anatomy as the foundation

Surek's reputation in aesthetics is closely tied to his work in anatomy, a focus that began early in his medical training.

"I've always gravitated toward anatomy, even before medical school," he says. "And once I got the opportunity to do an anatomy fellowship, it was an easy decision because everything we do in aesthetics—surgical or non-surgical—is based on anatomy."

During that fellowship, Surek spent a year dissecting cadavers and studying anatomical structures in detail, an experience he says continues to shape his work today.

"The more you dissect and understand anatomy, the better you become as a surgeon or injector," he says. "Every contour, every shadow, every change we see in the face, it's all anatomy."

That foundation led naturally into teaching. Over time, Surek began working with mentors to explore facial anatomy in the context of injectables and aesthetic procedures, eventually co-authoring textbooks and becoming a frequent lecturer.

"I enjoy educating just as much as I enjoy operating," he says. "Because the stronger the anatomical understanding across the field, the better care patients receive."

In practice, that emphasis on anatomy translates into a highly individualized approach. Rather than applying a standard formula, Surek evaluates each patient based on what he describes as both chronological and anatomical age.

"Two patients might be the same age, but they can look very different based on how they've aged," he says. "If you understand the anatomy and the aging process, you can tailor your approach to what that individual patient actually needs."

Building a practice with intention

When Surek launched his practice in Kansas City, he made a decision that would shape its trajectory, to focus exclusively on aesthetics from the start.

"The traditional model was to take on a mix of reconstruction and general call while building your cosmetic practice," he says. "But today, that approach makes it harder to establish yourself because everything is so specialized."

Instead, Surek doubled down on aesthetic procedures, using injectables and resurfacing treatments as an entry point to build his surgical practice.

"The ability to build an injection practice and a resurfacing practice really feeds the surgical side," he says. "But you have to commit to it fully. It's not something you can do halfway."

That commitment extended to how he marketed the practice. Rather than relying heavily on personality-driven content, Surek focused on showcasing results.

"I've always believed your work should speak for itself," he says. "If patients like what they see in before-and-after photos, they'll come in. That's been the foundation of my growth."

Pricing strategy also played a role, particularly in the early years.

"My goal early on was to operate on as many patients as possible, because each result becomes part of your reputation," he says. "Word of mouth is still the most powerful driver of referrals in this field."

Over time, that approach has led to steady growth. What began as a gradual buildup has accelerated in recent years as referrals have increased and the practice has become more established.

"The first few years, you're really working to get patients in the door," he says. "But if you stay consistent and deliver good results, you start to see that momentum build."

Today, Surek runs what he describes as a boutique-style practice, with a strong emphasis on patient experience and team alignment.

His team operates as an extension of that philosophy, with a dedicated clinical staff and patient coordinators guiding individuals through each stage of care. The practice also includes a private surgery center focused exclusively on cosmetic procedures, designed to provide a streamlined, highly controlled experience for patients.

A shift toward natural results

As aesthetic medicine has evolved, Surek has observed a clear change in what patients are looking for and what they want to avoid.

"I've seen a lot of trends come and go over the years," he says. "But the consistent direction now is toward more natural results. Patients don't want to look overdone or like they've had work done."

That shift has influenced how he approaches both surgical and non-surgical treatments. Rather than addressing every concern at once, Surek focuses on prioritizing key areas.

"I usually ask patients to identify their top concerns and start there," he says. "If you try to do too much at once, you risk losing that natural look."

His philosophy is built around under-promising and over-delivering, a mindset that emphasizes subtle improvements over dramatic change.

"The goal is to restore, not alter," he says. "You want patients to look like a better version of themselves, not a different person."

That approach extends to how he evaluates new technologies and treatments. In an industry where innovation is constant, Surek takes a measured approach.

"There's always something new being introduced, and it's easy to get caught up in that," he says. "But I think it's

For Surek, the future of his practice is less about expansion and more about refinement.



Scar placement and incision concealment become extremely important, because they don't want anything that draws attention.

important to make sure any treatment you offer actually delivers value for the patient.”

One area where he has seen meaningful advancement is in deep neck surgery, which addresses underlying structures to improve contour.

“That’s probably one of the biggest changes I’ve seen in recent years,” he says. “It allows us to achieve more refined and natural-looking results, particularly in the lower face and neck.”

A growing role for male patients

While Surek’s practice is built on a broad patient base, he has seen steady growth in male aesthetics.

“I would say about 25% of my practice is male patients, and that number has been gradually increasing,” he says.

That growth reflects broader changes in how men view aesthetic procedures. As stigma continues to decrease, more male patients are seeking treatments to maintain their appearance rather than dramatically change it.

“Men are dealing with the same aging process as women—volume loss, skin laxity, changes in the neck and eyes,” he says. “They just want to address it in a way that feels natural and not obvious.”

In many cases, the procedures are similar. Lower eyelid surgery and neck lifts are among the most common treatments in his male patient population, along with select body contouring procedures.

“The techniques don’t change dramatically between men and women,” he says. “It’s more about understanding the individual patient and making subtle adjustments.”

Where male patients tend to differ is in their priorities, particularly around discretion.

“They’re very focused on not looking operated on,” he says. “Scar placement and incision concealment become extremely important, because they don’t want anything that draws attention.”

That attention to detail requires both technical precision and a clear understanding of patient expectations.

“You have to approach each case with the goal of maintaining masculine features while still delivering a meaningful improvement,” he says.

As awareness continues to grow, Surek expects male aesthetics to remain an important part of the field’s evolution.

“The more people see natural, well-done results, the more comfortable they become exploring these options,” he says.

The road ahead

For Surek, the future of his practice is less about expansion and more about refinement, continuing to improve results, educate others and maintain a high level of patient care.

“I try to focus on being the best version of myself as a surgeon and as an educator,” he says. “If I can continue to deliver strong results and help advance the field through education, that’s what matters most.”

That mindset extends to how he works with patients, emphasizing communication and trust throughout the process.

“An informed patient is a better partner in their own care,” he says. “When they understand what you’re doing and why, it leads to better outcomes and a better overall experience.”

Away from the practice, Surek spends time with his family and stays active through golf and boating, a balance he says helps him stay focused and grounded in his work.

Surek remains grounded in the principles that have defined his career: a deep understanding of anatomy, a commitment to natural results and a focus on steady, deliberate growth.

“I love what I do, and I want to keep doing it at a high level,” he says. “If you stay focused on that, everything else tends to follow.”



Keith Loria is a graduate of the University of Miami. Keith Loria is a D.C.-based award-winning journalist who has been writing for major publications for more than 20 years on topics as diverse as healthcare, travel, sports and produce.



Beyond Standard Resurfacing: How Dual-Wavelength Lasers Customize Scar Care

Scar revision evolves beyond one-size-fits-all to truly personalized laser therapy.

Scar revision therapy and technology has continually advanced over the years, changing in lockstep with the medical skincare industry's evolving devices and field research.

This is made possible due to the the fields growing market demand: According to the The 2024 Global Survey on Aesthetic and Cosmetic Procedures, scar revision was the third most common procedure next to eyelid surgery and liposuction for adults and the second most common surgical procedure in men.

As a result, scar revision has evolved well beyond simply resurfacing the skin. Today's treatment plans are increasingly personalized, combining multiple modalities, varying depths of energy and individualized recovery timelines based on each patient's scar type and skin quality.

One industry practice that is currently changing is the shift from alternating distinct laser modalities to an integrated dual-laser approach.

Fractional ablative lasers, such as CO₂ and Er:YAG, for example, were commonly used to precisely vaporize fibrotic tissue, while fractional non-ablative lasers promoted dermal remodeling through controlled coagulation. Similarly, vascular lasers, like the pulsed dye laser (PDL) and the long-pulsed Nd:YAG, were added separately to address erythema and scar-associated hypervascularity.¹

Today, more physicians are opting to dual-wavelength systems that simultaneously uses lasers in tandem for ultra-deep resurfacing, as its been found that the synergy can result in increased effectiveness as well as safety and flexibility².

World-leading medical and industrial laser manufacturing

company, Fotona, for example, has a device called the Fotona Dynamis Max, which is an advanced, multi-application dual-wavelength laser platform. It combines the Er: YAG wavelength, which targets and absorbs water at 2940 nanometers, with the Nd:YAG wavelength, which primarily targets hemoglobin and melanin at 1064 nanometers.

As a result, they treat both the superficial and deep skin layers in one session, improving results, maximizing client specificity and minimizing thermal injury.

"Because every scar is different, successful treatment requires a personalized approach. The versatility of the Fotona® Dynamis Max allows physicians to address different scar types and depths while tailoring treatment to each patient's unique needs. Ultimately, success is not measured by the technology itself, but by the positive impact it can have on a patient's confidence, comfort, and quality of life," Aimee Desrosiers, the Global Chief Marketing Officer for Fotona, says to MedEsthetics.

In this expert Q&A, MedEsthetics talks with board-certified dermatologist Dr. Doris Day to discuss how she approaches scar revision, and how platforms like the Fotona Dynamis Max fit into today's increasingly customized treatment strategies.

How are you using the Dynamis Max clinically to treat scarring? What does patient selection and a typical treatment course look like?

The Fotona Dynamis Max is my most versatile laser. It is a highly customizable platform for treating a broad range of scars. Each treatment is customized to the patient's unique

needs based on the type, depth, color and age of the scar, as well as the patient's skin type, treatment history and tolerance for downtime.

Scars are three-dimensional, so I evaluate what is happening both at the surface of the skin and within the deeper dermal layers. I begin by identifying whether the patient has rolling, boxcar, ice-pick, surgical, traumatic, hypertrophic or mixed scarring. I also assess the degree of tethering, redness or pigmentation, whether active acne or inflammation is still present, and the overall quality of the skin in general. In some cases, I treat not only the scar but also a broad area of skin around it, and sometimes even the entire face to ensure I address the face as a single aesthetic unit, not just individual scars.

For certain atrophic scars, the Fotona Dynamis Max allows me to use Nd:Yag energy to address deeper dermal tissue, followed by fractional resurfacing to precisely improve surface irregularities and soften the visible edges of the scar. For scars that are deeply tethered or very narrow and deep, treatment with the Fotona Dynamis Max may be part of a broader plan that includes subcision, focal scar treatments, injectables or other complementary procedures.

The ideal patient understands that scar revision is a process. The goal is to erase a scar completely when possible, and otherwise help make it smoother, softer and less noticeable.

Can you speak to the dual-wavelength approach, Nd:YAG for deep tissue and Er:YAG for precision surface resurfacing, and why that combination matters for scar treatment?

I explain to patients that results from scar treatment with the Fotona Dynamis Max are typically gradual and progressive. Patients usually notice smoother skin, softer scar edges, less visible shadowing and a more even overall texture, and even complete disappearance of some scars. Collagen remodeling continues for weeks to months after treatment, so results should not be evaluated immediately. Improvement continues even after the skin appears fully healed.

Downtime depends on the depth, density and intensity of the Fotona Dynamis Max treatment. Following a lighter fractional Er procedure, patients may experience redness, mild swelling, dryness or a sandpaper-like texture for several days. With a more intensive resurfacing treatment, patients may experience pinpoint crusting, bronzing or peeling for approximately five to seven days, with some residual pinkness potentially lasting longer. Recovery can vary based on treatment settings, the area treated and the individual patient's healing response.

A more aggressive treatment may provide greater improvement per session, but it will generally involve more downtime. I discuss that balance with each patient and customize the Fotona Dynamis Max treatment according to the patient's skin, schedule and treatment goals. Consistent sun protection and appropriate post-treatment skincare are also essential, particularly for patients who may be prone to post-inflammatory pigmentation. I also apply a customized cocktail of growth factors and stem cells, and sometimes topical Sculptra over the treated areas for added benefit. And we create a home-care routine to expedite healing and optimize results.

What results and downtime should patients realistically expect?

I explain to patients that results from scar treatment with the Fotona Dynamis Max are typically gradual and progressive. I also apply a customized cocktail of growth factors and stem cells, and sometimes topical Sculptra over the treated areas for added benefit. And we create a home-care routine to expedite healing and optimize results.

Patients usually notice smoother skin, softer scar edges, less visible shadowing and a more even overall texture, and even complete resolution of certain scars in many cases. Collagen remodeling continues for weeks to months after treatment, so results should not be evaluated immediately. Improvement may continue even after the skin appears fully healed.

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Consistent sun protection and appropriate post-treatment skincare are also essential, particularly for patients who may be prone to post-inflammatory pigmentation.

Can you speak to how laser resurfacing compares to or complements microneedling for scar texture?

Microneedling and treatment with the Fotona Dynamis Max can both be valuable for improving scar texture, but they

work differently and are not necessarily interchangeable. Microneedling creates controlled mechanical channels in the skin and can be an effective option for broad, mild-to-moderate atrophic scarring. It may also be appropriate for patients who prefer a more conservative procedure with relatively limited downtime. The Fotona Dynamis Max provides a different level of customization because I can control the wavelength, depth, density and distribution of energy.

I can use Nd energy to address deeper dermal tissue and Er energy to precisely resurface areas of uneven texture. That dual-wavelength approach may be especially helpful when a patient has both deeper scar architecture and visible surface irregularities.

For some patients, I may alternate Fotona Dynamis Max treatments with microneedling or use both modalities as part of a staged treatment plan. The best approach depends on the scar type, skin tone, previous treatments and the amount of downtime the patient is willing to accept.

What types of scars respond best to this treatment?

Rolling scars and shallow-to-moderate boxcar scars may be good candidates for treatment with the Fotona Dynamis Max because resurfacing can help soften their edges and reduce the shadowing that makes them more visible. Mixed atrophic acne scars and mature surgical or traumatic scars with uneven surface texture may also respond well to a customized Dynamis™ Max treatment plan. Scar color and vascularity also need to be considered. A scar that remains red may require a different combination of wavelengths or settings than a mature scar that is primarily associated with uneven texture. Very deep ice-pick scars and firmly tethered rolling scars may not respond adequately to laser resurfacing alone.

These scars may first require a focal procedure, such as subcision or trichloroacetic acid-cross technique, followed by Fotona Dynamis Max resurfacing to blend the treated scar with the surrounding skin. Raised hypertrophic scars and keloids require a different and very carefully selected approach. Aggressive resurfacing is not appropriate for every raised scar or for every patient with a history of abnormal scar formation.

How many sessions does a typical scar revision course involve, and how are they spaced out?

A typical scar revision plan using the Fotona Dynamis Max may involve approximately four to six treatment sessions, often spaced about four to six weeks apart. However, the exact number and timing of treatments depend

on the type and severity of the scars, the intensity of each treatment and whether the Fotona Dynamis Max is being combined with other procedures.

A patient with limited or relatively superficial scarring may require fewer sessions. Someone with deeper, tethered or mixed scars may need a longer, staged treatment course. I reassess the patient between sessions because collagen remodeling continues after the skin appears healed. Treating too frequently does not necessarily create a better result. The skin needs enough time to recover and respond before the next Fotona Dynamis Max treatment is performed.

The most important part of successful scar revision is making the correct diagnosis. “Acne scarring” is not one single condition. Two patients who appear to have similar scarring may need very different treatment plans.

Before beginning treatment with the Fotona Dynamis Max, I also make sure that active acne or inflammation is adequately controlled. We do not want to treat existing scars while new ones are continuing to form.

Consistent skincare, sun protection and adherence to post-treatment instructions are also essential parts of achieving a successful outcome. Treatments should not be done in areas that have had recent sun exposure or sunburn. The versatility of the Fotona Dynamis Max allows me to customize treatment across multiple tissue depths, but the technology is only one part of the process.

The best outcomes come from selecting the right patient, identifying each scar type and creating a thoughtful treatment strategy rather than relying on a single procedure.

Ultimately, the goal is to help the scars become less visible, improve the overall texture and support a natural-looking result that helps the patient feel more confident in their skin.

As scar revision continues to evolve, experts increasingly agree that successful outcomes depend less on finding a single “best” treatment and more on matching the right technologies to the right scar. Whether that involves energy-based devices, microneedling, injectables or surgical techniques, individualized treatment planning remains the cornerstone of modern scar management—a trend that will likely continue shaping aesthetic practices in the years ahead. **ME**

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MedEsthetics tapped Elyssa McHugh, a Certified Laser Technician at Antiage Institute in Houston, Texas, who shared her perspective on several of today's most talked-about light- and energy-based devices.

SEVEN WAVELENGTH RED LIGHT THERAPY (RLT) PANELS

Recommendation: I normally recommend red light therapy panels because they can treat larger surface areas than masks or handheld devices, making them effective for both face and body treatments.

Pros: These panels provide a large treatment area suitable for both face and body. The multiple wavelengths may target different tissue depths. They are convenient for users seeking full body treatments.

Cons: High quality panels can be very expensive. More wavelengths do not necessarily mean better results. They can also be bulky and require dedicated space. Results will depend heavily on consistent use.

ELIPSA LED DEVICE (LIGHTSTIM)

Recommendation: LightStim is a reputable company with a strong track record in LED therapy. I'm a fan of their devices, and I like that the Elipsa uses a panel design, which makes treatments simple and comfortable. The combination of red light for collagen stimulation and blue light for acne support is appealing for users looking to address multiple skin concerns.

Pros: It is made by a well established LED therapy company. Red light may support collagen production and skin rejuvenation while blue light can help target acne causing bacteria. The easy to use panel format makes treatments straightforward.

Cons: It is relatively expensive compared with some competing LED devices and requires consistent use to see meaningful results.

OBAGI CELLULAR RENEWAL SERUM (NAD+)

Recommendation: NAD+ is an exciting ingredient in longevity and anti aging research. While I believe systemic



approaches such as injections or IV therapy may offer more significant overall NAD+ benefits, this serum is still a solid topical option. That said, there are other skincare products that may provide stronger anti aging, brightening, or corrective results depending on a patient's goals.

Pros: It features a trending ingredient with strong scientific interest. It is a lightweight topical option from a trusted skincare brand and it may support skin renewal and overall skin health.

Cons: There is limited evidence that topical NAD+ delivers the same benefits as systemic administration. Other anti-aging ingredients may produce more noticeable cosmetic results. It also comes with a premium price point.

DERMAFLASH COOL

Recommendation: This is a reasonable option if your primary goal is temporary depuffing and lymphatic drainage. It provides a pleasant cooling effect and can leave the skin looking refreshed. However, I would not consider it a transformative skincare device, and there are less expensive alternatives that can provide similar benefits.

Pros: It helps temporarily reduce puffiness. The cooling sensation feels soothing and refreshing. It is an easy addition to a skincare routine.

Cons: Results are generally short term. It has limited impact on long term skin quality and there are comparable tools available at lower price points.





Experts Breakdown FDA Advisory Committee's Review of Compounded Peptides

Six compounded peptides approved: the regulatory shift that changes everything for patient care

The U.S. Food and Drug Administration's (FDA) Pharmacy Compounding Advisory Committee voted in favor of broadening access to six out of seven peptide substances to be used in state-licensed compounding pharmacies this past July 23–24.

Committee members determined the peptides BPC-157 for inflammation, KPV and TB-500 for wound healing, MOTS-c for obesity, Epitalon for insomnia, and Semax for cerebral ischemia, be added to an approved list of ingredients that specialty pharmacies can use to make custom medications.

Emideltide (Delta Sleep-Inducing Peptide or DSIP), which is good for chronic insomnia, narcolepsy, and opioid withdrawal, was the one peptide the panel rejected, although the FDA will still make a final decision on the recommendations.

The panel's decision comes amid rapidly growing consumer interest in peptide therapies for applications ranging from tissue repair and recovery to skin rejuvenation and longevity. As demand has expanded, so too have

questions surrounding clinical evidence, manufacturing standards, patient safety and regulatory oversight.

Unlike FDA-approved drugs, compounded peptide therapies are prepared by licensed compounding pharmacies under specific circumstances, making the committee's recommendations particularly significant for physicians, pharmacists and patients alike.

MedEsthetics talked to New York City Board-Certified Dermatologist and Co-Founder of Mino Peptides, Dr. Amy Lewis, as well as Board-Certified Facial Plastic Surgeon in Chicago and NYC, Dr. Anil Shah, to bring more context to BPC-157 peptide specifically, to bring context to the big-picture implications.

What the FDA Committee's BPC-157 Vote Mean? Dr. Amy Lewis:

The committee's vote is advisory only and is a recommendation to the FDA. It represents the opinion of an independent expert panel that reviewed the available scientific data and the current climate regarding BPC-157. The recommendation now goes to the FDA, which will make

the final regulatory decision. If the FDA ultimately accepts the panel's endorsement, BPC-157 would be eligible for compounding by licensed 503A pharmacies when prescribed for an individual patient by a licensed healthcare provider, subject to all applicable federal and state laws.

This would provide a clearer regulatory pathway for prescribing compounded BPC-157 through traditional and verified compounding pharmacies. For patients, it would improve access to peptides prepared under established pharmaceutical grade quality rather than relying on unregulated sources.

Allowing the peptides to be compounded, Kennedy has argued, "would move people away from the gray market and toward safer products." One panelist said he voted yes for BPC-157 "for patient safety, you know, the greater good and medical freedom." Another said his yes vote for BPC-157 was "to put this decision back into the hands of the patient, the physician and the pharmacist."

Is this a turning point or just one step in a longer process?

Dr. Anil Shah:

I think it's both. It's the first major signal that the FDA is willing to seriously evaluate peptides through a regulatory pathway instead of leaving them in a gray market. That's significant.

At the same time, we still need FDA action, better manufacturing standards, and stronger human clinical trials. Peptides represent a huge paradigm shift in the way we treat patients. They are powerful tools that the FDA wants more information on as you can dramatically potentially improve health, yet at the same time needs more data to ensure it's going to be safe for patients.

What should physicians expect next?

Dr. Anil Shah:

For now, patience. The FDA still has to make its decision. If adopted, physicians will likely see a more structured pathway for compounding, but this won't happen overnight. More reliable companies based in the United States are here to help. Serve the needs for both physicians and patients.

Where does BPC-157 show the most promise?

Dr. Anil Shah:

The strongest scientific rationale is for soft tissue healing—tendons, ligaments, muscle, and possibly wound healing. The animal data are impressive, and the proposed mechanisms make biologic sense. Anecdotes are equally impressive in humans and the saying where there's smoke

there's fire may apply here. Equally impressive is that the theoretical side effects are limited and anecdotes report a well tolerated peptide.

It's also not surprising, that the G.I. system, and disorders like inflammation, chronic's, and other diseases are where BPC-157 also shines. BPC-157 comes from the G.I. tract and is designed to protect us there.

There's a whole host of other areas, including healing from surgery, faster, muscle repair, and even bone healing. There's some talk about even using this after heart attacks..

How should physicians discuss this with patients?

Dr. Anil Shah:

As with any newer therapy, caution should apply. Trusted sources from well known peptide providers such as Mino Peptides can be considered. The data is going to come in rather fast and patients as well as physicians will be excited to see which therapies are available for specific conditions.

If access expands, what safeguards should clinicians have?

Dr. Anil Shah:

First, know exactly what you're giving your patient. Product quality is everything. Your source of product is critical to your safety and for efficacy.

Use reputable compounding pharmacies, obtain informed consent, have clear treatment goals, document outcomes, and follow patients closely. Like any new therapy, it should be incorporated thoughtfully, not as a trend. The better peptide companies like Mino Peptides have physician oversight boards and develop protocols and focus on patient safety.

What quality standards matter most?

Dr. Anil Shah:

Purity, potency, sterility, and transparency.

The biggest concern with peptides has never just been the molecule—it's whether the vial actually contains what the label says. Better quality control is essential if these therapies are going to earn physician and patient trust. Sterility is a demanding process and products sourced within the USA have the strictest of standards. The Mino platform uniquely combines three essential elements: (1) FDA-licensed manufacturing facility with 503A and 503B licenses, (2) U.S.-sourced and manufactured compounds, and (3) physician-driven oversight with ongoing patient monitoring.

Mino set out to create a platform that ensures peptides are safe, effective, and the real thing, with physician oversight.

How can patients distinguish physician-guided peptide therapy from the online gray market?

Dr. Amy Lewis:

This distinction is becoming increasingly important. Physician-guided peptide therapy involves:

- Physician oversight with comprehensive medical evaluation, including discussion of potential risks, benefits, and alternatives.
- Ongoing monitoring and follow up .
- Quality-controlled pharmacy preparation
- Better patient safety
- Reduced reliance on unregulated products

As with any newer therapy, caution should apply. As the field of peptide therapeutics advances, it's important for both patients and physicians to rely on trusted, reputable sources, such as Mino Peptides. New research is expected to emerge quickly, and with it will come growing excitement about the potential role of peptide therapies for a wide range of specific conditions.

Beyond injury recovery, are there potential applications in regenerative medicine and aesthetics?

Dr. Amy Lewis:

BPC-157 is most commonly used for tendon, ligament, and muscle healing. However, there is growing interest in its broader regenerative potential. Pre-clinical research has explored possible roles in wound healing, soft tissue repair and reduction of inflammation. Formation of new blood vessels (angiogenesis) and healing in the gastrointestinal tract for gut health are also being discussed and evaluated.

In the regenerative arena, these biological effects could hopefully translate into improved healing after procedures, scar management, or tissue regeneration. Despite promising anecdotal reports, these applications are still investigational. High-quality human clinical trials are still needed before widespread use and support can be recommended.

Will this increase interest in other peptides?

Dr. Amy Lewis:

Almost certainly. It is getting a lot of attention just from the recent FDA Committee meeting. The awareness is increasing and so will the questions and interest from patients, and the medical community. It would be great if this media attention encouraged additional research into other peptides with potential reparative or therapeutic applications.

Does this signal a broader regulatory shift?

Dr. Amy Lewis:

The committee's recommendation may indicate a willingness to evaluate peptides individually for their possible merits instead of vetoing the entire class. They also are giving credence and weight to the easy availability of sub par peptides on the gray market along with the increasing demand to use them.

This is not a blanket acceptance of peptides. Each peptide has its unique pharmacology, safety data, and mechanism of action. I believe the FDA decisions in the future will continue to evaluate each peptide for its potential as an approved compound agent. Once the FDA accepts some peptides , I would expect others to follow more easily through this process.

When incorporating peptide therapies into patient care, physicians should work with reputable compounding pharmacies, obtain informed consent, establish clear treatment goals, carefully document outcomes, and monitor patients closely. Like any emerging therapy, peptides should be adopted thoughtfully, guided by clinical judgment, not by trends.

Companies such as Mino Peptides are helping establish a higher standard by combining physician oversight with stringent manufacturing practices. The Mino platform brings together three key elements: a licensed manufacturing facility with both 503A and 503B capabilities, U.S.-sourced pharmaceutical-grade compounds, and physician-driven protocols with ongoing patient monitoring. The goal is to ensure peptide therapies are authentic, safe, effective, and delivered within a framework of responsible medical oversight. [ME](#)

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