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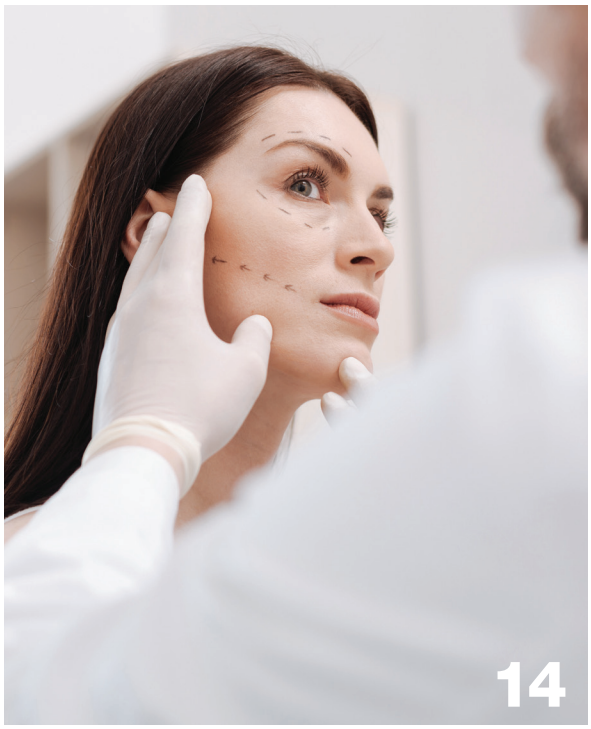
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Post-Treatment Care: Why Aesthetic Procedure Recovery Matters



Clear aftercare guidance helps patients navigate recovery following aesthetic treatments.

There's no shortage of information on the procedures, treatments, and medical devices used to achieve the aesthetic goals that have kept the industry booming. The recovery process, however, is just as important as the technological advances that make those treatments possible.

From pre-treatment prep and post-treatment care to recovery boosters and topicals designed to support the skin barrier, there's a lot to consider when it comes to how patients should prepare for and recover from aesthetic procedures. It's a conversation that should be continually practiced.

Medspas, for example, have begun integrating peptides into post-treatment recovery protocols to promote wound healing, reduce inflammation, and support the skin barrier after treatments such as microneedling[1]. Similarly, cosmetic and skincare manufacturer Global Beauty Private Label Skincare created a Peptide C Concentrate that aligns medspa services with at-home recovery support. And that's not to mention pre-op nutrition strategies like leafy greens or recovery trends like cold plunging and red light therapy to help with inflammation.

Medspa owners and aesthetic professionals who are serious about owning the entire patient journey should be just as invested in what happens after the procedure. Thoughtful post-care can build client trust, and recovery protocols and products create opportunities to expand retail and grow the business.

October's issue takes a deep dive into the post-procedural side of medical aesthetics, with expert insight on everything from downtime rituals, emerging trends, and natural approaches to recovery to the products that pair best with microneedling and the pre-treatment routines that can help set patients up for better outcomes.

Signing off,
Joshua Eferighe

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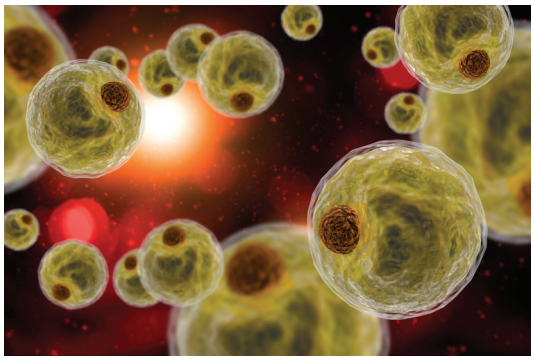
1. https://secretmedspa.com/blog/peptides-101/

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Denver-based beauty technology company **Pomp** launched a new ai-native retail operating system built specifically for medspas and multi-provider medical aesthetic practices called Pomp MD.

The new digital retail platform aims to bridge this gap between the aesthetic market's growing demand and medspa's sophisticated business models by offering infrastructure that connects provider recommendations, patient purchasing, replenishment, retail performance, and rewards in one centralized platform without requiring additional inventory, fulfillment, or operational burden.



AirSculpt announced its first national partnership with Tiger Aesthetics for alloClae — an off-the-shelf structural adipose tissue designed for aesthetic body procedures. Launched in August across select AirSculpt locations, alloClae expands AirSculpt's body enhancement offerings for patients seeking natural-looking volume restoration and contour refinement, particularly those who may not have sufficient fat for a traditional fat transfer procedure. AlloClae may be incorporated into treatment plans to enhance areas such as the hips, buttocks, and breasts, improving contour irregularities following liposuction.

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On July 1, 2026, **MuseCell Innovations — the exclusive global licensor of Dezawa MuseCells®** — officially entered the U.S. market, giving consumers seeking cutting-edge regenerative beauty treatments access to advanced stem cell therapies unavailable in the U.S.The move expands the regenerative-aesthetics playbook and gives practitioners another cellular technology to watch alongside PRP, exosomes, polynucleotides, growth factors and other biostimulatory approaches. If cellular therapies continue to gain traction in aesthetics, medspas and physician practices could potentially build higher-ticket regenerative treatment programs around skin quality, hair and healthy aging.

Clockwise from top: Images by Sawat; Ezume Images at Adobe Stock; courtesy of MuseCell Innovations

BUSINESS CONSULT BY MICHAEL ZANETTI



Train the Algorithm, or It Will Train You

Train your social channels to attract the right patients, not just rack up views.

There's a man in my neighborhood who gets walked by his dog. Ninety pounds of Labrador, leash stretched tight, and the dog picks the route every morning. Left at the corner for a squirrel, across the street for a smell, full stop at the hydrant because another dog stopped there yesterday. He holds the leash, so technically he's the owner. Anyone watching knows who's running the operation. He calls it a walk. Frankly, it's a negotiation he loses before he finishes his coffee.

I think about that man every time an operator tells me their social media plan is to watch what's trending and jump on it.

Here's the uncomfortable part. Social media is shaping what patients ask for, and that isn't going away. The 22-year-old who walks in asking for the treatment she saw on TikTok is the new normal; the trend cycle now sets the consultation before you've said a word. So the question for an operator isn't whether the algorithm influences your patients. It does. The question is whether you're holding the leash or getting dragged down the block by it.

An algorithm is a trainable animal. It is not a slot machine, and that distinction is the whole ballgame.

Most med spas treat their feed like a slot machine. Pull the lever, post the trending sound, hope for the jackpot. Maybe this one goes viral; maybe the next one does. It's gambling dressed up as marketing, and like all gambling, the house has already done the math on you. A trained animal is different. You give it consistent signals, the same

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commands, day after day, and it learns what you want and brings it back. Feed it junk and it learns to fetch junk. Feed it the right signals and it learns to bring you the right patients.

That reframe changes three things about how you run the channel.

First, the algorithm learns from what you feed it, so feed it on purpose. Every post is a command, whether you meant it as one or not. Chase a viral dance and you've told the machine to bring you people who like viral dances; you'll get reach, and most of that reach will be tire-kickers, teenagers, and the discount crowd shopping ten med spas for the cheapest price on a syringe. Publish consistently about the work you actually want to do, for the patients you actually want to serve, and the machine slowly learns to put you in front of them. A good trainer doesn't suppress the dog's energy and instinct; he aims it. Same idea here. You're not fighting the algorithm's reach; you're pointing it.

Second, virality is the jackpot fantasy, and fantasies make poor business plans. The metric that pays rent is not views; it's the right patient finding you on purpose, then booking, then coming back. Reach without fit is noise that costs nothing to make and earns nothing to keep. Run the falsification test on it. If going viral built premium practices, the most-followed aesthetic account in your market would be the most profitable one in your market. By and large, it isn't, and often it's the reverse, because the operator chasing the jackpot is burning real hours producing content that trains the machine to deliver the wrong room. A full waiting room of the wrong patients isn't a win; it's a more expensive problem.

Third, and most importantly, the human scrolling the feed isn't even the real prize. The machines reading your content are. Search engines, and increasingly the AI tools your patients now ask for recommendations, are indexing everything you publish and quietly deciding when to put your name forward. That's the channel that compounds. A trending video dies in 48 hours; a body of consistent, credible, well-tagged content keeps working while you sleep, teaching the crawlers who you are and who you serve. We run zero paid ads at our practice, and that's not a budget decision; it's a conviction that the durable channel is teaching the machines the truth about your business, not renting attention by the click. Paid reach stops the second you stop paying. A trained channel keeps fetching.

Picture two practices posting the same number of times a week. The first one reacts: trending audio on Monday, a meme on Wednesday, a rushed take on whatever a celebrity did on Friday. The second one repeats: a plain explanation of one signature treatment, an honest before-and-after, a straight answer to a question patients actually ask. A year later, the first has a feed full of dead trends and a camera roll of vanity metrics. The second has a library the search engines and the AI tools can read, sort, and recommend, because it says the same true things a hundred different ways. Same effort, opposite compounding. One practice trained the machine; the other one got trained.

None of this means ignoring trends. A trend is information; it tells you what's on your patients' minds this month, and that's worth knowing. The discipline is in the response. You let the trend inform the conversation without letting it rewrite your menu. When a patient walks in asking for the treatment of the week, that's your opening to do the thing the algorithm can't: read the room, ask what she's actually trying to fix, and guide her to the right answer instead of the popular one. The machine brought her to the door. What happens after the door is still yours, and it always will be; the algorithm doesn't have kids who go to the same school as your patients' kids.

So here's the commander's intent. Stop treating your content like a lottery ticket and start treating it like training. Pick three signals you want the machine to learn about your practice: the treatments you want to be known for, the patient you're built to serve, the standard you refuse to drop. Publish against those three on a steady cadence for 90 days, no chasing, no detours for whatever's loud that week. Then judge the results on the only number that matters, the quality of the consultations walking through your door, not the view count on your best post.

The man with the Labrador could fix his mornings in two weeks with a trainer and a little consistency. He hasn't, because being dragged is easier than learning to lead, right up until the dog runs into traffic. The operators who win the next few years online won't be the ones who went viral. They'll be the ones who decided, early, that they were going to train the channel instead of letting the channel train them.

Hold the leash. Give the commands. The algorithm is going to learn something from you either way; the only question is whether you taught it on purpose. ME



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WHAT'S NORMAL, WHAT'S NOT: A PRACTICAL LOOK AT LIP MICROPIGMENTATION AFTERCARE

by Airton Barbalho Rodrigues

Most lip micropigmentation complications happen at home, not in the chair—here's why.

Aftercare gets a fraction of the attention we give the procedure itself. In lip micropigmentation, that gap is where a smooth, unremarkable recovery can turn into something alarming. Often, nothing went wrong during the procedure. What went wrong happened at home, in the days after.

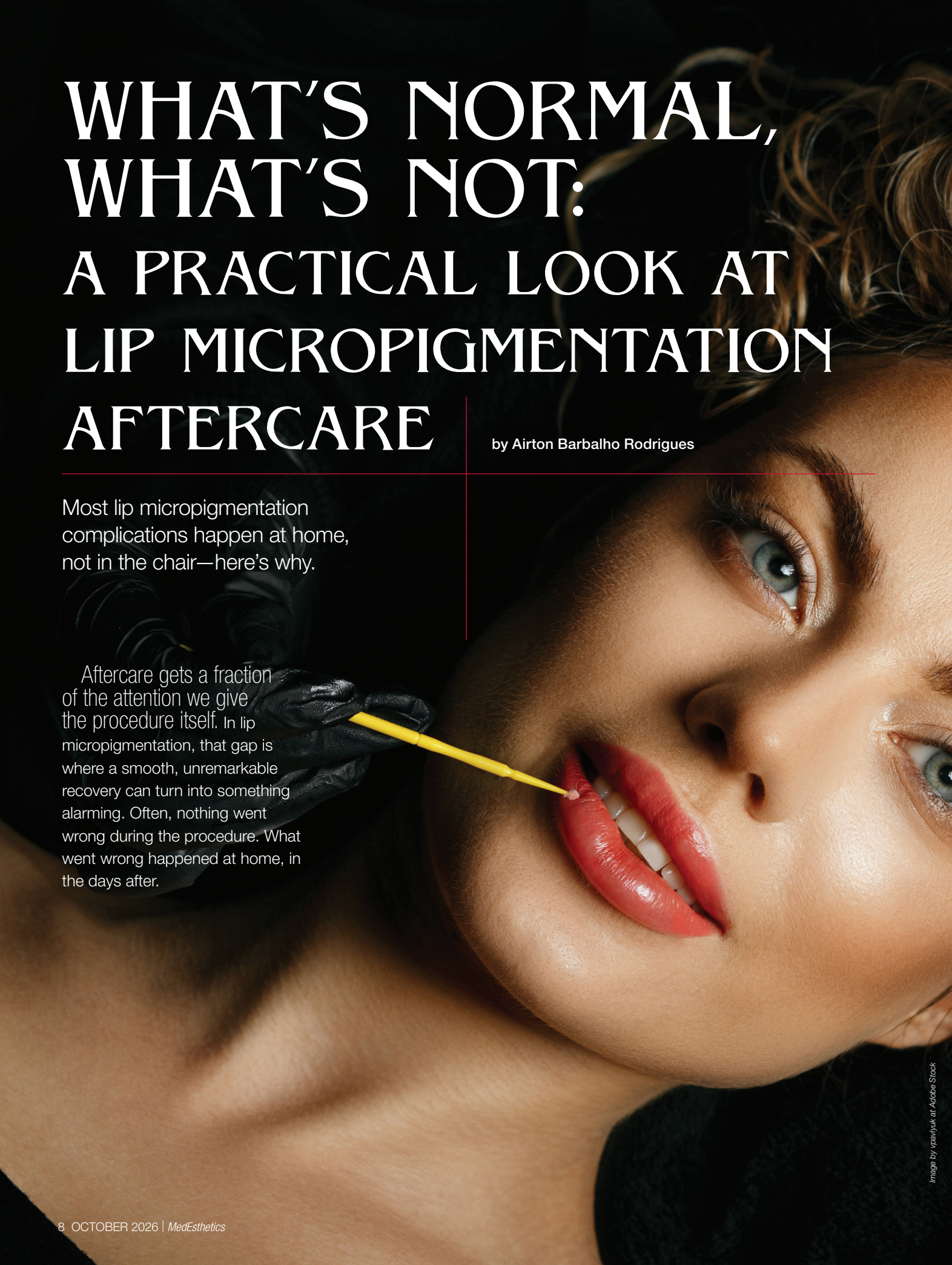


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Why Lip Micropigmentation Heals Differently

Lip tissue behaves differently from brow or scalp skin during healing, and that difference drives most of what aftercare needs to account for. The vermilion is thinner, its keratinization pattern is different, and it lacks the protective barrier skin has elsewhere on the face. It's also under constant mechanical and chemical stress that other micropigmentation sites never face. Saliva keeps the area intermittently wet, softening the healing crust and prolonging the time it takes to seal. Eating, drinking, and speaking flex and stretch the tissue dozens of times a day, and a crust that could stay still and dry on skin elsewhere gets pulled and cracked here instead.

Clients add their own layer of mechanical stress on top of that, usually without realizing it. Some purse or press their lips out of habit, which compresses the healing tissue in a way ordinary speech doesn't. Others bite, whether from nerves or because the area simply feels strange while it heals, and biting is the more damaging habit: it can reopen the crust, introduce bacteria from the mouth, and leave uneven pigment loss where the bite lands. Naming these habits at intake, and asking clients to watch for them during the healing window, heads off a disproportionate share of the trouble I see.

Thinner tissue, more moisture, more movement, and habits that add mechanical stress on top of it all: together, that's why lips crust on their own schedule, why pigment retention here is harder to predict than on brow or scalp, and why aftercare built for those areas doesn't simply carry over.

Where It Goes Wrong: What Clients Do at Home

This is the part I see cause the most trouble, and it rarely has anything to do with the procedure itself. Left on their own, clients improvise. They don't clean the area properly between applications, then layer whatever is in the house on top of what's already there: petroleum jelly, lip gloss, moisturizing creams, sometimes an antibiotic or anti-inflammatory ointment left over from something else entirely. Each layer traps the one underneath it. What should be a thin, even healing crust turns into a thick, uneven buildup, and the result can look far more dramatic than what's actually happening underneath it.

I've seen cases where the visual presentation alone was enough to alarm the client, when the underlying healing was proceeding normally. The exaggerated crusting was a product of the routine, not a complication.



A petroleum-based product made for intact, healthy skin isn't automatically fine on micropigmented skin

A Note on Product Guidance

To be clear, this isn't a list of banned ingredients — it's a principle, and aftercare guidance reasonably varies by pigment system, technique, and practitioner training. What matters is indication. A petroleum-based product made for intact, healthy skin isn't automatically fine on micropigmented skin, because what we're working with is a field of microinjuries. If a product's own label excludes broken or wounded skin, that exclusion holds here too.

Two more practical filters help narrow the choice: skip heavily fragranced products, which tend to irritate healing tissue, and skip anything containing an ingredient the client is known to react to, even mildly. In practice, that means reaching for something labeled safe for compromised skin, light on fragrance, and clear of that client's known allergens.

What to Use, and For How Long

The same logic that shapes what to avoid also points to what to use. Look for a neutral, non-lightening balm formulated for skin that's actively recovering, not for cosmetic hydration on intact skin, with nothing brightening or exfoliating in the formula. Apply it at least two to three times a day, and keep that pace up for as long as any crust is still visible; once the crust is gone, the routine can stop.

Cleaning comes before each application, not instead of it. Before reapplying, wipe away whatever balm is still sitting on the surface from the last application — this is what keeps the layer thin and even instead of building up the way improvised routines do. Saline solution, applied gently with gauze or a fiber-free cotton pad, without rubbing, is enough to clear both the leftover product and any debris before the next application goes on. Rubbing or scrubbing works against the goal — it disturbs the crust rather than simply clearing what's sitting on top of it.

Discomfort and Discharge as Signals

Clients who heal without complications tend to feel the procedure more than the recovery — most describe the days after as sensation rather than pain. When discomfort shows up or worsens during healing, that's a more specific signal, roughly proportional to whatever infection or complication is present, and it's this pattern, not how dramatic the crusting looks, that should prompt a closer look.

The same goes for fluid along the crust. A clear or pale, watery discharge is simply the tissue releasing fluid as it repairs, and on its own it isn't cause for concern. What changes the read is the character of it: thick, colored, or foul-smelling discharge points toward infection rather than routine healing.

Evidence-based guidance on lip micropigmentation healing timelines is still thin. Much of what circulates has been generalized from other micropigmentation sites or passed along informally between practitioners, which is part of why concrete benchmarks are worth having.

When It's Not Routine Healing

Because the lips are a classic site for herpes simplex reactivation, ask directly about a history of cold sores at intake. It isn't disqualifying — it's a reason for closer monitoring and, where indicated, coordination with the client's physician before the procedure. A reactivation tends to look different from routine healing: grouped, fluid-filled vesicles instead of diffuse flaking, often with burning or tingling before any lesion appears. That presentation calls

Image courtesy of the author



Look for a neutral, non-lightening balm formulated for skin that's actively recovering

for a referral rather than in-house management.

An allergic reaction to pigment usually shows up later than expected, sometimes days to weeks after the procedure rather than in the immediate post-procedure window, as localized swelling, itching, or redness that keeps building instead of settling. If it's spreading or not easing within a day or two with basic measures, that's when you should see a physician or dermatologist rather than keep monitoring at home.

Bacterial infection tends to bring the discharge changes and rising pain covered earlier, often with redness spreading past the treated area rather than staying contained. Spreading redness, escalating pain, or discharge that turns thick or foul-smelling are the signals to refer promptly rather than wait and see.

One habit worth naming directly for clients: reaching for leftover antibiotics, their own or someone else's, at the first sign of redness, without medical guidance. Self-medicating this way can mask a presentation the practitioner needs to see clearly, and the wrong antibiotic, an incomplete course, or one that doesn't match the actual cause can delay real treatment and complicate things further. Any suspected infection belongs with a referral, not a home fix.

None of this asks the practitioner to diagnose. It asks them to notice when a presentation has stopped matching the expected healing pattern, and to have somewhere to send the client when it does.

What a Thorough Anamnesis Should Actually Cover

A pre-procedure intake for lip micropigmentation should go beyond general health history and cover, specifically:

- Previous reactions to pigments, cosmetics, or topical products, including reactions to prior micropigmentation elsewhere on the body
- History of cold sores or herpes simplex, including frequency and typical triggers
- Current medications, particularly anticoagulants, retinoids, or immunosuppressants
- Any active lip irritation, infection, or unhealed lesion at the time of consultation
- Previous lip procedures — fillers, prior micropigmentation, surgery — and how the tissue responded to each
- Personal or family tendency toward keloid or abnormal scarring
- Relevant medical history, including autoimmune conditions or anything known to affect wound healing
- Expectations around color correction or touch-ups, since pigment retention and final tone vary by skin type, technique, and healing pattern

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Each of these shifts something concrete: candidacy, the aftercare plan, or how the practitioner reads the healing process, not simply whether to move forward. Treating intake as paperwork, rather than as the moment these variables surface, is usually where a preventable complication starts.

Before You Pick Up the Needle

- Screen for a history of cold sores or herpes simplex, and coordinate with the client's physician when indicated.
- Give clients a specific, written aftercare routine — cleaning with saline, a neutral healing balm applied two to three times a day until the crust is gone, and nothing improvised on top.
- Explain product selection by principle: safe for broken skin, light on fragrance, clear of known allergens.
- Walk clients through what normal secretion, crusting, and even significant pigment loss can look like, so they're not alarmed by something expected.
- Set expectations for the healing and color timeline through day 21, and for the pain curve — steady improvement is normal, pain that keeps building past day three is not.
- Warn explicitly against self-medicating with leftover antibiotics or other products not indicated for the case.
- Have a referral pathway ready for anything outside your scope.

The technique gets the training and the attention. The days that follow, and what the client does with them, deserve the same. ME



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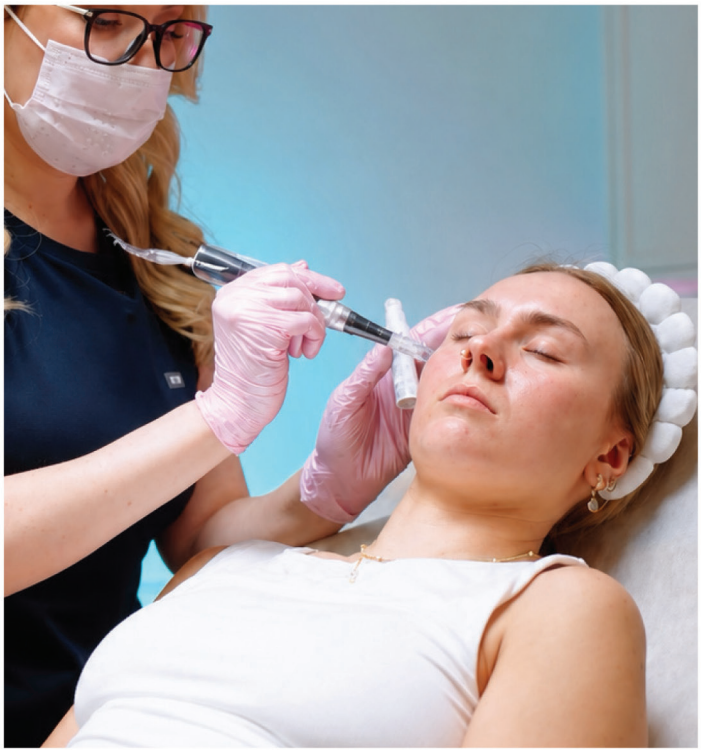
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RETHINKING RECOVERY: WHAT PATIENTS NEED TO KNOW ABOUT DOWNTIME AFTER AESTHETIC SURGERY

Joshua Eferighe

Life after aesthetic surgery: expert insights on downtime, healing timelines, and evidence-based recovery strategies from a board-certified surgeon.

Medical aesthetic surgery has developed inescapable marketing language that medspas, surgeons, and wellness professionals worldwide have seamlessly adopted in one variation or another.

"Zero-to-little," "instant healing," and "gentle on the body" are just a few of the taglines that have grown in popularity to promote a procedure. In fact, you may have found yourself or your practice selling procedures the same way.

This language reflects a current trend in the aesthetics industry: According to a 2025 study by Fortune Business Insights, more than 64% of aesthetic patients now prefer procedures with shorter recovery periods and lower surgical risks compared to traditional cosmetic surgery[1].

The study goes on to explain that this trend in patient behavior is fueled by a growing preference for minimally invasive cosmetic treatments, with energy-based, non-invasive skin tightening emerging as the fastest-growing category in aesthetic medicine[2].

As a result, device and product companies have swarmed at the opportunity. Today, you can find everything from regenerative microneedling recovery serums and collagen-infused wraps to "no-downtime laser treatments."

SkinSpirit, for example, debuted its Laser Facial in March of this year, offering clearer, brighter



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More than 64% of aesthetic patients now prefer procedures with shorter recovery periods and lower surgical risks compared to traditional cosmetic surgery.

skin and reduced redness with no downtime[3,4]. Similarly, Induction Therapies launched its professional-grade post-microneedling recovery complex, which features a dual-regenerative formula that combines 5% Salmon PDRN with plant exosomes as a clinically focused recovery option[5]. Even Kim Kardashian's Skims line released a chin wrap. Described as its "first-ever face innovation," the chin wrap features collagen yarns for jaw support that can help with swelling[6].

To unpack what recovery really looks like—and separate meaningful interventions from the latest wellness trends—*MedEsthetics* spoke with Dr. Anthony Admire, board-certified plastic surgeon, facial rejuvenation specialist, and founder of AdmireMD Plastic Surgery + Skin Clinic.

What does downtime actually look like after a facelift or neck lift?

I think it's important to distinguish between medical recovery and social downtime. Most of my patients are up, walking, showering and functioning fairly normally within the first 2-3 days after an extended deep plane facelift with a deep structural neck lift. But that doesn't necessarily mean they're ready for dinner with friends or an important event or a major trip or vacation. For most of my facelift and neck lift patients, I tell them to plan on roughly 10–14 days of true social downtime. Swelling and bruising are typically most noticeable during the first week and improve significantly during the second. By two weeks, many patients are comfortable being out socially, often with a little makeup. That said, subtle swelling, particularly through the cheeks, jawline and neck can persist for several weeks or even a few months as the tissues continue to settle. Any laser resurfacing done during surgery can increase the downtime and recovery time.

What can a patient expect to feel or look like in the first week versus the first month?

The first week is really the inflammatory phase of healing. Patients can expect swelling, bruising, tightness, numbness and sometimes an uneven or slightly distorted appearance simply because different areas swell and resolve at different rates. Interestingly, most facelift patients describe the recovery as more uncomfortable than painful. Tightness and pressure are generally more noticeable than significant pain. My patients might have some difficulty with swallowing, chewing or speaking for the first few days if a deep structural necklift is performed with the facelift. At one month, it's a very different picture. The majority of visible bruising is gone, swelling has improved substantially, and patients are beginning to appreciate their new jawline, neck and facial contours. They generally look refreshed rather than "postoperative." There can still be some residual swelling, firmness and numbness, however, and the final result continues to refine for months.

What's the biggest thing patients underestimate about recovery going into surgery?

I think patients underestimate the patience required during recovery. We live in an era of immediate results, but surgery still follows biology. Recovery is also not perfectly linear. A patient may look great one morning and notice more swelling that evening. One side may resolve faster

Image by Марина Демешко; Alessandro Grandini; Judy; pikselstock; Daxiao Productions at Adobe Stock

than the other. The neck can feel tight, areas can feel firm or numb, and patients can become hyperfocused on very small changes because they're looking at themselves every day. I tell patients that the first few weeks are a journey, not the final result. Understanding that before surgery and having realistic expectations makes the recovery experience dramatically easier. Also younger, fitter patients will heal faster than older patients with maybe 1 or 2 minor health issues. Also thinner faces will generally heal faster, due to less subcutaneous fat that traps swelling. I try to dissolve all HA filler preoperatively at least 2 weeks in advance. Less residual filler, even if it was placed many years ago will decrease the amount of post-operative edema.

What role does skin care and skin health play in how well someone recovers?

Skin health is incredibly important. A facelift repositions the deeper facial tissues and restores anatomy, but it doesn't fundamentally change the quality of the skin itself. Healthy, well-hydrated skin with a strong barrier generally tolerates surgery better and gives us a better canvas for healing. This is why I think of facial rejuvenation as more than simply performing a facelift. In my practice, we increasingly focus on surgery plus skin optimization. My aestheticians and laser techs start the pre-surgical treatment process 2 months before the facelift, and we continue skin optimization treatments for the patient's lifetime. Once the incisions and skin are sufficiently healed, a thoughtful postoperative skin-care program can help improve texture, pigmentation, redness and overall skin quality. Ultimately, the best surgical result is one where the underlying facial architecture and the overlying skin both look healthy and rejuvenated.

What tools or treatments do you recommend during recovery, and how do they actually help?

Early on, I keep things relatively simple: elevation, gentle walking, appropriate compression when indicated, hydration, good nutrition and meticulous incision care. As healing progresses, I like incorporating modalities that address specific postoperative issues rather than simply adding treatments for the sake of doing more. LED/red light therapy, for example, can be useful for inflammation and healing. Later, depending upon the patient, we may incorporate treatments such as BBL for persistent redness, microneedling for scar maturation and texture, or other energy-based treatments when appropriate. I'm also very interested in regenerative skin care, including growth-factor and exosome-based topical products. The key is timing. There is a point in recovery when these treatments can be beneficial, but aggressive treatment too early can actually be counterproductive.

Red light therapy comes up a lot in wellness content right now. Is that something you'd recommend, or is it more hype than help?

I do recommend it. There is certainly a lot of marketing surrounding red light therapy right now, but photobiomodulation itself is not simply hype. Appropriate red and near-infrared wavelengths can influence cellular

Appropriate red and near-infrared wavelengths can influence cellular activity and mitochondrial function and may help modulate inflammation and support tissue repair.



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activity and mitochondrial function and may help modulate inflammation and support tissue repair. I particularly like LED therapy following facial surgery because it is noninvasive and generally very well tolerated. The caveat is that not every red light device is equivalent. Wavelength, irradiance, treatment time and consistency all matter. A device producing a red glow isn't necessarily delivering a meaningful therapeutic dose.

Are there natural, low-tech ways to support recovery that people overlook?

Absolutely, and some of the most effective things are also the least exciting. Walking, hydration, adequate protein, good nutrition, sleep and avoiding alcohol and nicotine can have a tremendous impact on recovery. Gentle walking is one of my favorites. It improves circulation, helps reduce the risk of blood clots and gets patients back into a normal rhythm without stressing the surgical result. Protein is another one patients sometimes overlook. Healing is metabolically demanding, and the body needs adequate protein and calories to repair tissue. Recovery is not the time for extreme dieting or caloric restriction.

What downtime trends are you seeing patients try right now?

There has definitely been a shift toward trying to "optimize" recovery. Patients ask about red light therapy, hyperbaric oxygen, lymphatic massage, peptides, exosomes, IV therapy, supplements, cold therapy and various recovery devices. I think some of that is positive because patients are becoming more engaged in their recovery. But there is also a tendency to assume that more intervention equals faster healing, and that simply isn't always true.

Which of those trends do you think are genuinely worth doing?

I'm most interested in interventions that have a reasonable biologic rationale, are low risk and don't interfere with the normal healing process. For facial surgery, I think properly administered LED/red light therapy can be very useful. Gentle lymphatic techniques may also be helpful in appropriately selected patients once the surgeon feels the tissues are ready. But I would put the fundamentals ahead of almost every recovery trend: sleep, hydration, protein, nutrition, walking, sun protection and following your surgeon's postoperative protocol. Those things aren't glamorous, but they matter tremendously.

Are there any recovery trends, products, or rituals that you'd steer patients away from?

Anything overly aggressive early in the healing process concerns me. I don't want patients aggressively massaging newly repositioned tissues, applying excessive heat or cold, starting intense exercise prematurely, or using a long list of supplements without discussing them with their surgeon. "Natural" also doesn't automatically mean safe. Certain supplements and herbal products can affect bleeding, blood pressure or medication metabolism.

I also caution patients against trying every recovery trend they see on social media. After a sophisticated facial procedure, the goal isn't to manipulate the tissues constantly. Sometimes the most important part of recovery is simply allowing the body to heal.

Is there anything else you'd want readers to know that we haven't covered?

Some inflammation and swelling are normal parts of tissue healing. The goal should be to support and optimize the biology of recovery and not fight every aspect of it. I also tell patients not to judge a facelift at two weeks, or even at one month. Facial rejuvenation continues to evolve for months as swelling resolves, tissues soften, sensation returns and scars mature. Ultimately, great recovery starts before the operation. Choosing the right procedure, optimizing skin and overall health, having realistic expectations and following a thoughtful postoperative protocol are far more important than any single device, supplement or wellness trend.

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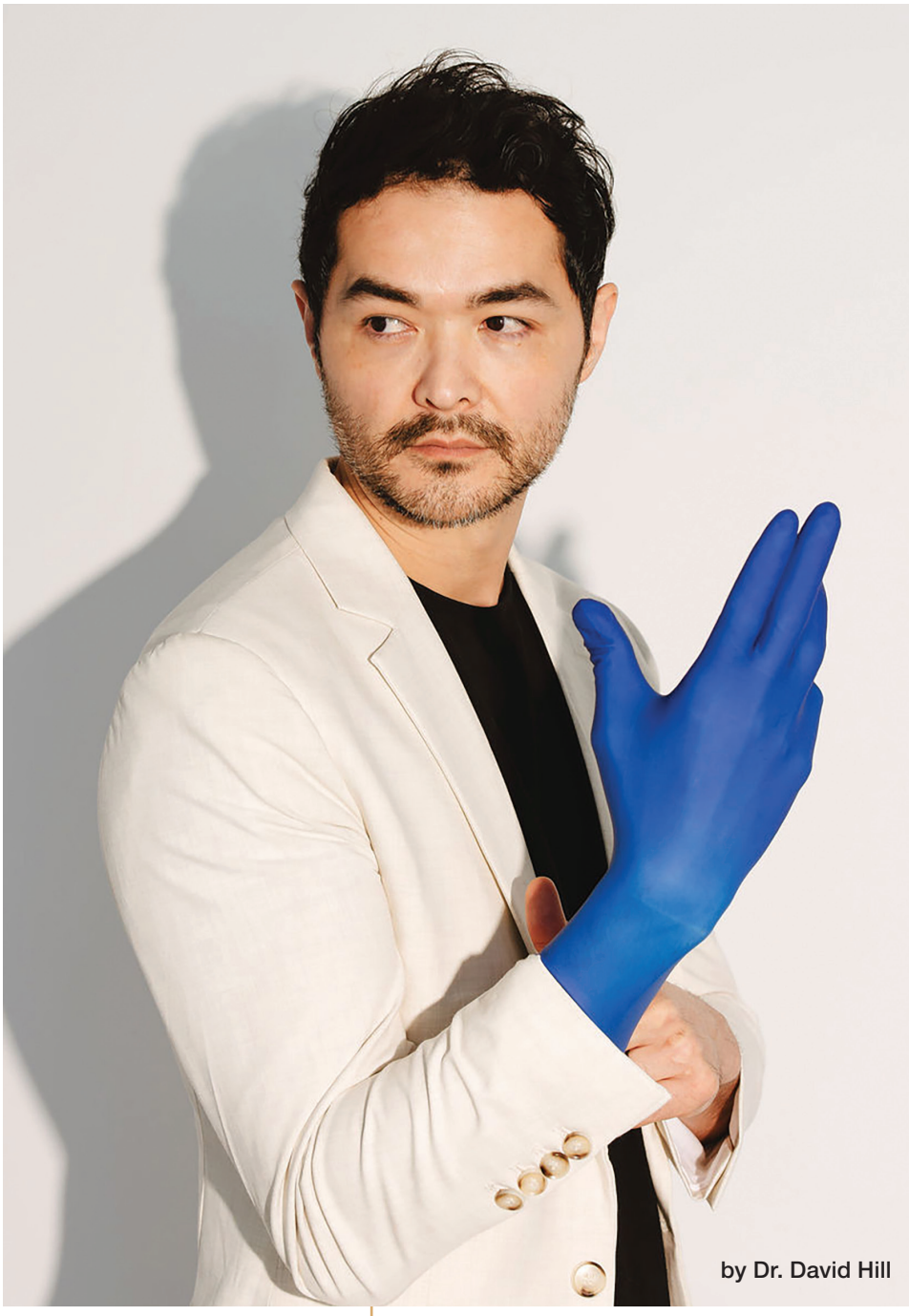
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Dysport



by Dr. David Hill

Aesthetic medicine has a structural problem that nobody inside it likes to talk about. The whole field is built around individual transactions. You see a surgeon for surgery, an injector for Botox, an aesthetician for skincare, and maybe a fourth person for hormones or wellness. Each of those providers might be genuinely great at what they do, but none of them are talking to each other, and a patient ends up having to coordinate their own care between offices that never compare notes. I've watched this happen for years, and it's never made sense to me. Fulcrum was built as a direct response to that. The Fulcrum Method is just the name we gave to how we actually practice: surgery, aesthetics, wellness, and recovery handled by one team working from one plan, because the outcome you see at six months depends on all of it, not just what happens in the operating room.

THE FULCRUM METHOD:

WHY SURGERY IS ONLY THE BEGINNING

The hidden truth surgeons won't tell you about aesthetic results and recovery.

Images courtesy of the author





Overdone work can be seen from across the room.

You Should Still Look Like You

I have a belief that underlies everything else I do surgically, and I don't compromise it. Good aesthetic surgery preserves identity. I'm not interested in giving anyone a different face. I'm interested in giving you the best version of the one you have.

The compliment I want my patients to hear afterward is not "you look different." It's "you look incredible, but I can't figure out what changed." When a patient tells me their friends keep saying that, I know we got it right.

That result doesn't come from technique alone. Every face has its own architecture and its own story, and the patient sitting in my consult room has specific reasons for being there that no template accounts for. I don't do cookie-cutter operations and I don't chase beauty trends, mostly on principle but partly because trends age terribly. My job is to understand what you actually want, study what you're working with, and build the operation around your anatomy. Some of it is surgical judgment, some of it is an eye for proportion and balance, and a surprising amount of it is just careful listening.

Overdone work can be seen from across the room. The best results simply read as "wow", and most people can't articulate why.

Surgery Is the Beginning, Not the Destination

Most patients treat an operation as the finish line. Get through surgery and you're done. I see it almost exactly backwards. The day of surgery is the day the real work starts, because everything that determines how your result matures happens afterward.

Healing is an active biological process. Inflammation, collagen remodeling, new blood vessel formation, lymphatic drainage, tissue regeneration, all of it unfolding over weeks and months after you've left my operating room. I can execute a technically flawless operation, but a neglected recovery will cost you a meaningful piece of that result. That bothers me enough that we refuse to leave recovery to chance.

At Fulcrum, recovery is managed as deliberately as the surgery itself. We control inflammation, support tissue repair, guide scar maturation, and stay involved through every stage of healing. I genuinely think of it as an extension of the operation, because biologically, that's exactly what it is.

One Team, One Plan

When you come to Fulcrum you're not just getting a surgeon. Sure we have a whole plastic surgery team,

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but we work alongside aesthetic injectors, licensed aestheticians, laser specialists, and wellness providers who handle hormone optimization, menopause care, sexual wellness, and regenerative therapies. Everyone is under one roof, everyone talks to each other, and everyone is working from the same treatment philosophy instead of guessing what the last provider was thinking or doing.

In practice that might mean optimizing your skin quality before surgery so you're healing on a healthier foundation, or adding laser work and wellness therapies that support recovery, or building a longer-term plan with neuromodulators, collagen-stimulating treatments, or resurfacing to protect the result you paid for.

Nothing at Fulcrum gets recommended just because we happen to offer it. If a treatment doesn't serve your surgical outcome or your long-term goals, you will not hear about it from us. Every recommendation has to earn its place in your plan, and our team knows we hold them to that.

The Recovery Package

Since recovery is the most overlooked lever in surgical outcomes, we've stopped treating it as a patient's problem to solve. Every surgical patient at Fulcrum receives a comprehensive post-operative recovery package, and it's opt-out rather than opt-in because I believe in it that strongly.

Instead of going home to sort through conflicting advice from the internet, you leave with a physician-curated system built to support tissue repair, control inflammation, minimize bruising and swelling, promote collagen production, guide scar remodeling, and protect your skin through every phase of healing. It comes with detailed education and ongoing clinical follow-up, so you're never guessing about what's normal and you're never navigating it alone. Recovery at Fulcrum is not a waiting period. It's where we actively protect and optimize the result we just created together.

After the Healing

The Method doesn't stop when the incisions fade. Many of our patients transition into personalized maintenance plans that might include advanced skincare, energy-based treatments, injectables, hormone care, or regenerative therapies. Not because more is better, but because maintaining a great result is far smarter than trying to recreate one years later.

Aesthetics and wellness are more connected than most people realize. Patients who feel healthy and energized carry themselves differently, and having all aspects available in one practice means the whole journey stays coordinated and points toward the same goal.

The Standard I Hold Myself To

Technical excellence in the operating room is the price of admission in this field. It's necessary and it's nowhere near sufficient. The outcomes I'm most proud of came from honest conversations, individualized planning, collaboration between providers, intentional recovery, and a long-term partnership with the patient.

That's the Fulcrum Method. It isn't a protocol so much as a commitment to treating the whole patient instead of just performing the surgery, because the best results aren't truly decided in the operating room. They're shaped by everything that comes before it, and everything that follows.



Dr. David Hill is a fellowship-trained plastic surgeon and founder of Fulcrum Aesthetics & Surgery in Chicago. He trained as chief surgical resident at Creighton's St. Joseph's Hospital and chief plastic surgery fellow at Rush University Medical Center, and serves as faculty for the Allergan Medical Institute. Recognized among USA Today's Top Cosmetic Surgeons and featured in Allure and WebMD, he unites surgery, injectables, skin, and wellness under one roof, guided by a single principle: the least done for the most change.



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LIGAMENTOUS RESTORATION: REDEFINING MODERN FACELIFT SURGERY

by Dr. Rian A. Maercks

The facelift revolution isn't about pulling harder—it's about restoring your face's forgotten architectural framework.

For nearly two decades, the conversation surrounding facelift surgery has steadily shifted toward the deep plane. That evolution has been important. By moving beyond skin tension and addressing deeper facial structures, deep plane surgery represented a significant advance over earlier techniques. But today, I believe the next evolution is not simply about whether a surgeon performs a deep-plane facelift. It is what is actually being restored once the deep plane has been entered. The distinction may seem subtle, but it fundamentally changes both the aesthetic result and the patient's recovery.



Rather than treating pain after surgery, the goal is to interrupt pain transmission before it begins.

Aging Is a Structural Problem

Facial aging is often described as skin laxity, volume loss, or the effects of gravity. While each contributes to the aging process, they are ultimately downstream effects of a more fundamental structural change.

The retaining ligaments of the face form the architectural framework that supports the facial soft tissues. Importantly, the deep origins of these ligaments, where they arise from bone and deep fascia, generally remain remarkably strong throughout life. They do not simply stretch out or fail.

Instead, it is the tissues suspended by these ligaments that progressively weaken. Over time, the delicate fibrous connections linking the retaining ligaments to the superficial musculoaponeurotic system, or SMAS, fat compartments, subcutaneous tissue, and skin gradually attenuate. Like the smaller branches of a tree bending under increasing weight while the trunk and roots remain firmly anchored, these supporting tissues elongate and lose their structural integrity. The result is descent of the facial soft tissues, not because the ligamentous roots have detached, but because the tissues they support have become increasingly compliant. This distinction has profound surgical implications.

Most facelift techniques focus on repositioning descended tissues after they have separated from their natural support system. During dissection, the retaining ligaments are frequently released or delaminated to mobilize the flap. Suspension is then achieved by placing tension on the SMAS or adjacent soft tissues. Our philosophy is fundamentally different.

If the retaining ligaments are meticulously identified, preserved, and incorporated into the suspension rather than weakened through unnecessary delamination, they become extraordinarily powerful structural anchors. Their dense collagenous architecture allows the surgeon to restore the entire composite facial unit to its youthful position through the same framework that originally supported the face. This transforms not only the position of the tissues but also the apparent distribution of facial volume.

Restoring the Root Rather Than Pulling the Branches

One analogy I often use is that of a tree. Pulling on the branches changes the position of the tree temporarily. Restoring the roots changes the entire structure.

The philosophy behind the MAERCKS Lift™ is to restore facial support where it originally existed: within the retaining ligament system itself. Through direct ligamentous suspension and preservation of the composite facial unit, the face is returned toward its native architecture rather than simply repositioned under tension.

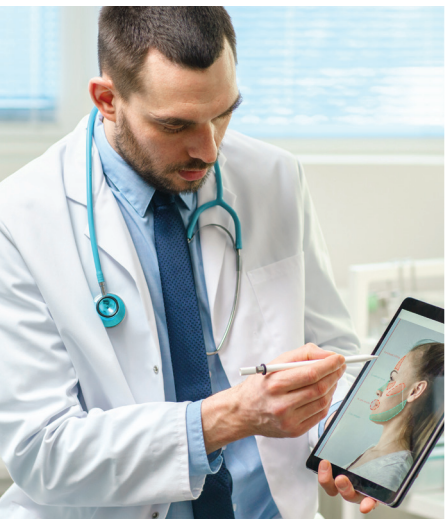
This changes the visual outcome dramatically. Instead of emphasizing the lateral face, the procedure restores central facial support. Instead of creating the familiar lateral sweep sometimes associated with facelift surgery, it recreates youthful malar projection. Rather than relying on skin tension, the skin is allowed to redrape without meaningful tension. The objective is not a tighter face. It is a structurally younger face.

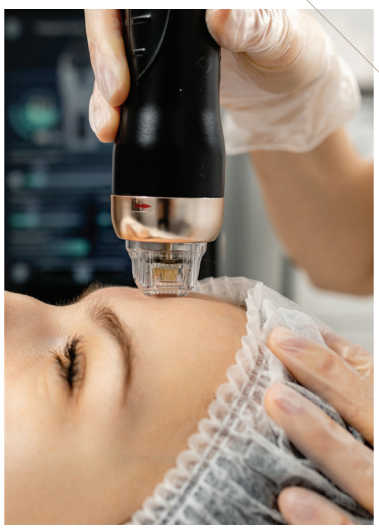
Structure Creates the Appearance of Volume

One of the most common misconceptions in facial rejuvenation is that aging is primarily a problem of volume deficiency. In reality, much of what patients perceive as volume loss is actually volume displacement.

As support diminishes, youthful upper facial volume migrates downward, creating hollowness in the midface and fullness along the jawline and neck. The upper face begins

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to appear depleted while the lower face becomes heavier. The temptation is to replace the missing volume with fillers or fat grafting. Often, however, the more elegant solution is to reposition the patient's existing soft tissue back to its original anatomical location.

By restoring the composite tissues through their native ligamentous framework, this altered volume distribution can be converted back into a more aesthetic one. The cheeks regain projection, the jawline becomes defined, and youthful, heart shaped facial proportions reemerge, often without adding volume. Even the nose, lips, and eyes may appear more youthful despite receiving no direct intervention.

This is one of the most satisfying aspects of structural rejuvenation. The patient's own anatomy creates the result. Rather than creating a different face, ligamentous restoration allows the patient's anatomy to recreate the face they once had.

The Other Paradigm Shift: Recovery

Perhaps equally important has been rethinking the recovery experience itself. Patients have long accepted that major facial surgery must involve significant pain, narcotic use, and prolonged downtime. Our experience has suggested otherwise.

Using a comprehensive EXPAREL and Marcaine tumescent protocol, tissues are infiltrated before incision with a carefully designed solution that provides hydrodissection, hemostasis, and prolonged local analgesia. Rather than treating pain after surgery, the goal is to interrupt pain transmission before it begins. The majority of our patients require little or no opioid medication following surgery, and many describe remarkably little discomfort during recovery.

Equally important, preserving natural glide planes and minimizing unnecessary tissue trauma can significantly reduce swelling and bruising. Recovery becomes less about enduring surgery and more about allowing normal physiology to proceed.

Looking Forward

The future of facial rejuvenation will likely become increasingly anatomical. As our understanding of retaining ligaments, fascial relationships, lymphatic preservation, and facial biomechanics continues to evolve, the conversation will move beyond simply performing a deep plane facelift.

Instead, we will ask deeper questions: Which structures are being restored? Which vectors recreate youthful anatomy? How can recovery be minimized while preserving outcomes? These are the questions that continue to drive innovation.

For me, the most rewarding aspect of facial rejuvenation has never been making someone look different. It has been restoring facial harmony so naturally that friends notice someone looks healthier, happier, or more energetic without immediately recognizing that surgery has occurred.

That, ultimately, is the goal. Not redesign, but restoration. Not tension, but structure. ME



Dr. Rian A. Maercks of The Maercks Institute is recognized as one of the top plastic surgeons in the world. Certified by the American Board of Plastic Surgery (ABPS) and the American Society of Plastic Surgeons, he has over twenty years of experience

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YOUR MOST OVERLOOKED REVENUE STREAM: 4 RETAIL NUMBERS THAT CAN GROW YOUR AESTHETIC PRACTICE

by Terri Ross

Transform retail from an afterthought into a strategic revenue driver with data-driven accountability

Your practice can have a beautiful, curated retail wall with every shelf stocked and gorgeous lighting. The products can be organized and perfectly presented like a magazine spread. But if nobody is buying it, none of that matters.

When I ask front desk teams, managers, and practice owners how retail is performing, I typically get answers like, "Fine, I think it's good."



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Industry research shows that consumers rely on aesthetic professionals when making professional-grade skincare purchasing decisions.

When we finally pulled the data, retail was often only 5-6% of total revenue. In fact, the industry is only at 9% which seems crazy with all of the skincare brands out there. This tells me again it's a training and sales problem.

At Terri Ross Consulting, we set benchmarks for retail to account for approximately 20 percent of total revenue. Professional-grade skincare market demand continues to grow, yet many practices still treat retail like a secondary revenue stream. They order products, build a beautiful display, and then hope patients ask about it.

The retail opportunity is significant. According to Guidepoint Qsight's 2026 Medical Aesthetics Industry Trends report, patient spending on professional-grade skincare reached $2.3 billion in 2025, up 9% from the prior year and continues to trend upwards.

The question for every practice owner now is, "How much of that growth is your practice actually capturing?"

Skincare should be built into the comprehensive treatment plan and managed with the same discipline you apply to every other revenue driver in the practice with clear targets, consistent tracking, and accountability.

For many practices, one of the greatest opportunities for additional revenue comes from the patients they are already treating every day.

The Real Cost of "We Don't Really Push Retail Here"

I hear this phrase often, usually from providers who do not want to feel salesy or from owners who believe patients will buy skincare if they want it.

The reality is that patients are already looking to aesthetic professionals for direction. Industry research from the same Qsight report has shown that consumers rely on aesthetic professionals when making professional-grade skincare purchasing decisions.

Skincare recommendations should be part of any treatment plan. If a patient is investing, for example, $3000 for a laser and leaves without clear guidance on what products to use at home and why, there is a disconnect in the consultation and we are lacking skills to educate.

Home care affects recovery, maintenance, outcomes, and the longevity of the patient's investment. That recommendation should happen in the treatment room. For example, if you perform a microneedling treatment the conversation about Hydrating Serum + Barrier Moisturizer + SPF → Recovery Product → Maintenance/ Corrective Serum should happen before he/she gets out of the chair. It should not depend on whether someone at the front desk remembers to ask if they need to purchase anything off the shelf.

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The same principle applies across the practice for a variety of services, injectables, laser treatments, microneedling, resurfacing, surgery, etc. Every consultation should include a treatment plan that creates natural opportunities to connect professional treatments/procedures with an appropriate home-care plan.

Practices that make those recommendations consistently create better outcomes and give patients a clear plan for maintaining their results at home.

The Four Retail Numbers to Track

Retail performance should be visible. If your team cannot answer four basic questions, you do not have enough data to manage the category effectively.

1. **Retail revenue as a percentage of total revenue:** What percentage of your monthly revenue comes from skincare and retail products? Again, the TRC benchmark we use when working with practices is approximately 20 percent.

   If your number is significantly lower, that should trigger a closer look at your team and the sales process. The patient consultation experience, provider recommendations, product education, and follow-up process. Before adding another product line or ordering more inventory, determine how effective your team is, and perhaps investing in professional sales training is the greatest investment to yield the results and growth you want for the practice.
2. **Retail attachment rate by provider:** Track the percentage of patient visits that include an appropriate skincare purchase, then break that number down by provider. This is where the data becomes useful.

   If one provider has a 35 percent attachment rate and another has an 8 percent attachment rate, patient demand probably did not change from one treatment room to the next. The difference is usually in the conversation. That is why we recommend sales training for your entire team. One provider may consistently recommend home care, explain why it matters, and connect products directly to the treatment plan outcomes. Another may wait for the patient to ask. That variation gives your leadership something concrete to coach providers on and shows whether the retail process is standardized across the practice. Before spending another dollar on patient

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acquisition, practice owners should know how much revenue is being missed inside the appointments they already have.

3. **Treatment-to-skincare cross-purchase rate:** Certain procedures should naturally generate a skincare conversation. Chemical peels, microneedling, laser procedures, resurfacing, facelifts, etc. are obvious examples, and should include skincare.

   Here's an example: Qsight's transaction data reported that roughly one in four non-energy-based skin rejuvenation visits included a professional-grade skincare purchase during the same visit. Those purchases added an average of $174 to the appointment and, in many cases, increased total patient spend by 50 percent or more compared with the procedure alone.

   Why does that matter? Because the patient is already in the practice, already discussing their skin, and already investing in an outcome. Track the percentage of those visits that include an appropriate home-care purchase. If the number is low, take a hard look at the conversations happening inside the treatment-room and make sure your team is adequately trained in sales.

4. **Reorder and loyalty rate:** The first purchase is only the beginning. Skincare becomes a meaningful revenue category when patients replenish consistently. Loyalty programs, manufacturer rewards, refill reminders, e-commerce, memberships, and structured follow-up all give patients a reason to continue purchasing through the practice.

   This is an area we see practices lose revenue. The provider recommends the product, the patient buys it once, and three months later they need another bottle and order it somewhere else. Multiply that behavior across hundreds of patients and multiple products over the course of a year and the financial loss is much larger than one missed $100 product sale. Without follow up systems in place, you are likely losing recurring revenue attached to a patient relationship you already paid to acquire.

   Track how many patients reorder within the expected product cycle and how many are enrolled in a loyalty or rewards mechanism before they leave the practice. The goal is to understand whether your skincare program is creating repeat purchasing behavior or relying on one-time transactions.

How High-Performing Practices Operationalize Retail

The strongest retail programs have a clear operating system.

Step 1 – Make home care part of the treatment plan. Providers should have a consistent way to recommend skincare that is clinical, specific, and tied directly to the patient's goals.

Instead of saying, "You might want to look at some skincare on your way out," the conversation should sound more like:

"Based on what I heard you saying, you are suffering from hyperpigmentation, fine lines and wrinkles. To get you the results you want, the treatment plan I recommend for you is …ABC, 123 and here is why! This is part of the treatment protocol NOT AN OPTION. That language gives the patient direction and makes the recommendation relevant to the care they just received.

Step 2 – Identify the products that logically support your highest-volume treatments and make those recommendations part of the process. Your team should know which skincare products belong in the conversation for every major treatment or procedure you perform. Then track whether those recommendations are happening. A recommendation that lives only in the provider's head cannot be coached, measured, or improved.

Step 3 – Give the patient a reason to stay connected to the practice after the first purchase. That may include a manufacturer rewards program, a membership benefit, refill reminders, online ordering, or a scheduled skincare follow-up. Reordering should be easy. If a patient has to remember the exact product, search for it online, and figure out where to purchase it three months later, the practice has created unnecessary logistics that can result if purchasing elsewhere.

Step 4 – Track retail revenue the same way as injectable revenue, provider production, consultation conversion, treatment volume, and utilization. At minimum, leadership should be reviewing retail revenue as a percentage of total revenue, attachment rate by provider, cross-purchase rate by treatment category, and reorder or loyalty enrollment rate. Weekly review matters because monthly and quarterly reporting can tell you what happened. Weekly reporting gives you time to change what is happening.

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Retail Revenue Is Already in the Room

I have walked into practices leaving six figures a year sitting on shelves they were proud to display but never learned to manage. The product line was rarely the issue. Most often the execution was.

The practices producing strong retail revenue make skincare part of the patient conversation. Providers know what to recommend, teams know how to explain the value, leadership tracks the numbers, and patients have a clear reason to reorder.

Your patients already trust you enough to let you treat their face or body. Use that trust and give them a clear home-care plan, explain how it supports their treatment, make reordering easy, and track whether the process is happening.

Before you invest in another product line, promotion, or patient acquisition campaign, pull four numbers:

- Retail as a percentage of total revenue
- Attachment rate by provider
- Cross-purchase rate by treatment
- Reorder rate

If you cannot access those numbers quickly, start there. If you can access them, identify the largest gap and create goals to increase them.

A significant revenue opportunity is already walking through your treatment rooms every day. ME



Terri Ross is a world-renowned, strategic practice growth consultant, author, international speaker, Podcast Host of "In Touch With Terri" and high-performance sales coach for both medical aesthetic practices and Fortune 500 medical aesthetic companies. She is the Founder and CEO of Terri Ross Consulting and the Co-Founder of The Aesthetic Success.



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Recovery Takes Center Stage in New Aesthetic Medicine Guide

Why recovery is the missing puzzle piece transforming modern aesthetic medicine

As demand for both surgical and non-surgical aesthetic treatments continues to grow — with facial cosmetic treatments increasing by 19% last year — there has never been a better time for medspa owners and medical practitioners to revitalize the next step in aesthetic treatments that is sometimes lost in translation or overlooked: recovery[1].

Chicago and New York City-based double-board-certified facial plastic surgeon, Dr. Anil R. Shah, is putting that often-overlooked phase of the patient journey at the center of his new guidebook, The Art of Recovery.

Drawing on years of clinical expertise and research, Dr. Shah introduces a modern approach to post-procedure care that moves beyond traditional recovery protocols. Recovery is a "toolbox" for the future of aesthetics, according to Dr. Shah, and, through the book, shows how preparation, nutrition, and emerging technologies work together to support healing after both surgical and non-surgical treatments.

From the role of supplements and injectables to innovations such as red light therapy and hyperbaric oxygen, Dr. Shah provides patients with practical, evidence-based strategies while also serving as a forward-looking resource for physicians seeking to elevate standards of care.

MedEsthetics spoke with Dr. Shah about the thinking behind The Art of Recovery and what a more intentional approach to recovery could mean for aesthetic practices and their patients.

The philosophy and fundamentals of recovery

What prompted you to write The Art of Recovery, and what did you feel was missing from the conversation around the topic?

So one of my personal missions is to make recovery as easy and seamless as possible. I see patients with months and months of recovery, which makes them miss out on work, opportunities and life. Another area of interest is biohacking, where I've worked with supplements and peptides, and some of the leading edge recovery devices in the world. For years, my patients have had a distinct advantage, allowing them to return to work oftentimes in 1 to 2 weeks and be event-ready in one month. I wanted to share a guide with patients to help them have consistent healing. The more patients who can have safer, faster, recoveries the better.

Classically, before surgery, patients are told to avoid blood thinners and essentially just show up. Now, we have distinct protocols, proven to help patients heal faster and have more predictable outcomes. This includes diet, supplements, red light therapy, HBOT. I felt like this information was fragmented, and having a unifying source would make it much more cohesive for patients to recover from surgery.

One of the themes explored in the book is that red light therapy is a must-have. How does the device support the body's recovery after an aesthetic procedure? What makes it better?

Image courtesy of Dr. Anil R. Shah

I am very enthusiastic about photobiomodulation, or red and near-infrared light therapy, because it is an unusual recovery tool: it attempts to influence the biology of healing without creating additional tissue injury. Photobiomodulation is thought to act partly through mitochondrial signaling, particularly pathways involving cytochrome c oxidase. That can influence cellular energy production as well as downstream inflammatory and repair signaling.

We actually worked with different wavelengths, including blue light for the first 24 hours to help stave off infections. Red light takes up the next few days, and by day seven, we're using near-infrared light to help penetrate even deeper and expedite healing.

What role does the skin barrier play in recovery, and what are some of the ways post-procedure routines can either support or interfere with that process?

Most patients and some physicians forget to realize that skin is a living tissue. Post procedure, non-occlusive treatments can help the skin stay hydrated without clogging pores and causing comedones. In addition, treatments such as growth factors and exosomes have been used to help patients heal much faster and take recovery down at least 50%.

Where does infection prevention fit into the larger recovery conversation, and what do you think practitioners sometimes underestimate when it comes to post-procedure infection control?

Infection prevention is fundamental because healing tissue has temporarily lost some of its normal defenses. A simple fix is that many patients are protein deprived. Multiple studies show that patients with less protein will actually be prone to infection and heal worse. Another nice fix is that taking powder greens and microgreens can help stimulate your immune system. Blue light therapy can help disinfect superficial tissues. In addition, hyperbaric oxygen is one of the best treatments for preventing and treating infections.

How important is patient education once they leave the treatment room, and what should practitioners be communicating about recovery that patients may not think to ask about?

It's clear that patients with poor postoperative care will have worse outcomes, even from a world-class surgeon. We want our patients actively engaged in the process. Even our patients who elect to have 24-hour nursing care eventually end up taking care of part of the recovery themselves. Using evidence-based postoperative healing treatments, patients can significantly minimize risk and potentially expedite healing.

Building the modern recovery protocol

There is no shortage of products marketed around post-procedure recovery. What should practitioners consider when deciding which topicals, moisturizers or other products actually belong in a recovery protocol?

My first question is always: What problem are we trying to solve? A recovery product should have a defined purpose. Are we protecting the barrier? Maintaining moisture? Reducing irritation? Protecting from ultraviolet exposure? Managing a scar? If we cannot answer that question, the product probably does not need to be there.

Immediately after many procedures, simplicity has tremendous value. Products should generally be well tolerated, appropriate for the degree of barrier disruption and unlikely to introduce unnecessary irritants or allergens. Ingredients such as ceramides and other barrier-supporting moisturizers can be useful, while strong acids, retinoids and other potentially irritating actives usually have a different place in the recovery timeline.

I am also cautious about confusing biological plausibility with clinical proof. A beautiful mechanism or marketing story does not necessarily mean that a product meaningfully improves recovery. The standard should be evidence, safety, tolerability and purpose—not the number of products we can place in a bag. Sometimes the most sophisticated recovery protocol is also the simplest one.

How can practices build more comprehensive recovery protocols without making post-procedure care feel like an afterthought—or simply another opportunity to sell products?

Aesthetic procedures are often a great motivator to longer lasting health. By setting a protocol that involves healthy habits, like higher protein, diets, vital nutrients, and specific supplements, patients are already noticing that they feel better right before and after surgery. The most common question we get is what supplements and things should I be doing afterwards to maintain my aging and look my best. How many comprehensive programs allow practices to focus on what really matters, scientifically backed treatments that will make patients perform their best.

As aesthetic treatments become more sophisticated, where do you see the biggest opportunities for innovation in post-procedure wellness and recovery?

Perhaps the biggest area is peptides. Peptides are misunderstood by many physicians. However, physicians who can understand which peptides and dosing can help patients recover faster and safer have a distinct advantage over other practices. I use peptides from MINO since I can track their sourcing. By creating more predictable healing, and reducing the acute inflammation. To allow patients to heal faster is one of the biggest game changers in all of recovery science.

REFERENCES

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Joshua Eferighe is the associate managing editor of *MedEsthetics.*

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SCAR-FREE NECK REJUVENATION WITHOUT PERIAURICULAR INCISIONS ACHIEVES HIGH PATIENT SATISFACTION



A study published in *Aesthetic Plastic Surgery* reported that an anterior-only neck rejuvenation technique improved cervical contour without requiring periauricular incisions. While traditional neck lifting techniques rely on periauricular incisions, which may result in visible scars and limit patient acceptance, the anterior neck rejuvenation procedure aims to improve cervical contour through comprehensive liposuction, transverse platysma sectioning, and a limited submandibular platysmal corset, without periauricular incisions.



ULTHERAPY PRIME BECOMES FIRST FDA-CLEARED DEVICE FOR KNEE SKIN LIFTING

The FDA cleared Merz Aesthetics' Ultherapy PRIME device to improve the appearance of skin laxity on the knees the company announced. With this clearance, the platform becomes the first and only energy-based aesthetic device indicated for this treatment area, further expanding its leadership as the first and only FDA-cleared ultrasound with real-time visualization for non-surgical skin lifting.

GALDERMA INVESTS IN MIAMI HEADQUARTERS TO EXPAND U.S. MARKET PRESENCE



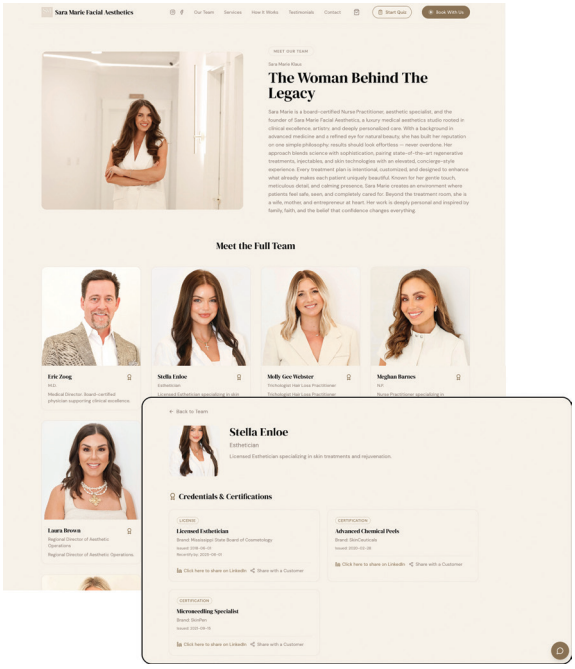
Galderma has announced the official opening of its U.S. and Latin America headquarters in Miami, establishing a new operational center for its U.S. business.
Galderma says the new hub will support its U.S. and Latin American operations, with a dedicated injection room for hands-on training and education for healthcare professionals. Galderma also plans to grow its Miami workforce to roughly 200 employees, reflecting the company's continued investment in the United States and marking another milestone in Galderma's long-term growth strategy.

EPICUTIS RECEIVES GROWTH INVESTMENT FROM GROUNDFORCE CAPITAL

EPICUTIS™

GroundForce Capital completed a growth investment in biotech-driven skincare brand Epicutis, including a seat on its board of directors, the company announced. Additionally, Epicutis received financial guidance from international investment bank and corporate finance advisor DC Advisory, which oversaw the deal and was tasked with identifying a financial sponsor to support Epicutis' next phase of growth. The investment mirrors similar transactions across the aesthetics and wellness industries, highlighting how professional, medical-grade skincare is increasingly becoming an investable category.

Images courtesy of manufacturers



New Offering for Estheticians and Medspa Professionals On Horizon

One platform to verify every esthetician license and certification in your medspa

Qtis.AI, the leader in aesthetics automation, is providing a first-of-its-kind offering allowing licensed estheticians and spa professionals to upload their licenses and certifications.

The program, which will enter beta later this year and launch in 2027, is designed to centralize credentials that are often scattered across multiple organizations, making it easier for employers, partners and customers to verify qualifications.

Participants will also have personalized landing pages, creating a trusted ecosystem where verified expertise can become a competitive advantage.

"The best technology doesn't demand attention. It gives it back. Qtis.AI works quietly behind the business, so aesthetic professionals can focus on the work they love. They didn't enter aesthetics to run systems. They entered it to transform how people feel. Qtis. AI takes care of the business behind their passion," Mark Swartz, Co-Founder of Qutis.AI, says to MedEsthetics.

For medspa owners, a centralized record of licenses and certifications brings several administrative advantages:

- **Risk management:** Easier for owners to verify whether employees and contractors have the credentials required for their roles and to track expirations.
- **Hiring:** Faster to vet estheticians and spa professionals during hiring or onboarding.
- **Reputation and consumer trust:** A medspa that can demonstrate that its providers are properly credentialed has a stronger trust proposition.

Qtis.AI currently has around 190,000 credentialed professionals on the platform. According to the company, its goal is to grow to 500,000 credentialed professionals by year-end, while building the infrastructure and partnerships needed to address a much larger portion of the approximately 6.2 million professional credentials that make up the broader U.S. opportunity.

Qtis.AI Today:

- 31 clinics and medspas are currently using Qtis, and 170,000 total patients/clients are on the platform
- 89% of those on the platform prefer to chat with our AI Agent vs go on a website or book with the front desk
- Of those, 57% book a procedure or purchase a product with zero lift from the staff

According to the company, licensed estheticians will be an important part of the next phase as the platform enters Beta.

"After more than a decade in aesthetics, I kept seeing the same challenge at every level of the industry: talented providers were spending too much of their time managing administrative tasks and disconnected systems instead of focusing on their clients. QTIS was born from recognizing that universal pain point and asking a simple question: how can we give providers their time back so they can focus on what they do best?," said Nagmeh Hamaidian, who is the co-founder of the company.

Image courtesy of Qtis.AI

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