

Extreme

FHT vice-president Cheryl Cole looks at some of the key concerns surrounding extreme beauty treatments

The demand for advanced or 'extreme' beauty treatments is at a premium, with clients hungry to achieve or hold on to a youthful appearance and many therapists keen to reap the financial rewards involved in providing these services. But from an ethical point of view, should beauty therapists be offering treatments such as Botox, dermal fillers and tooth whitening?

In this article I would like to draw attention to some of the potential drawbacks of these fringe therapies, while recognising the lengths that responsible bodies are going to in order to safeguard both the public and the future provision of these treatments. The purpose is to initiate debate and raise questions among FHT members.

Perhaps you already offer these treatments and can share with us cases of successful results, or you would like to mention a particular company that supported you with the technical knowledge and ongoing training that is required to perform these treatments safely and effectively. We would also welcome comments from any medically qualified practitioners you are associated with in providing clients with these services.

The double-edged sword

Extreme beauty treatments appear to make a lot of claims pertaining to regaining the lost years of youth, but in truth, do a number of these only serve to erode the skin's natural defences, or generate a ticking time bomb – particularly when the long-term effects of some

procedures have not been established?

There is no doubt that in certain cases, the benefits of a treatment outweigh the consequences of drastically reducing the skin's natural protection – for example, where scarring has led to psychological problems. Results that can be obtained through medical application cannot be denied and are not the issue. The focus in this article is on treatments being carried out by the beauty therapist, solely for aesthetic purposes.

Depth of knowledge and training

Underpinning knowledge, particularly in terms of anatomy and physiology, is especially important when providing treatments that, by their very nature, carry higher than average risks. Do beauty therapists receive enough education with regard to the structure of the skin, its functions and, more importantly, the skin healing mechanism, in order to make an informed decision on whether extreme treatments are beneficial or detrimental to the client's skin? Does current beauty therapy training stress the potential dangers of some extreme treatments, and sufficiently cover the skin types that would be contraindicated? More importantly, is the beauty therapist qualified to recognise these conditions?

As the training in most extreme treatments is not yet regulated to an approved national standard, it is difficult to be certain that training is in-depth enough to enable the beauty therapist to be professionally competent.

A note on insurance

Most standard insurance policies available to therapists do not cover the extreme treatments featured in this article. Extensions or separate policies may be available, depending on the insurance underwriter and the level of training and experience of the therapist. Contact your insurance provider for clarification and to assess whether the level of cover they offer for such treatments is adequate. For those FHT members who have insurance through TIS Ltd, please call 023 8062 1554 for more information.

beauty

With some extreme treatments, such as micro-dermabrasion, being considered as part of the national standards for a Level 3 or possibly Level 4 qualification, I'd be interested to receive your comments on this.

Liability for future problems

We also need to consider whether the benefits of certain skin rejuvenation treatments will be sustained over time, or if these will exacerbate a problem that will re-present itself later, in perhaps a decade or so. If ageing accelerates due to the erosion of the skin's defences, will the salon – or the individual therapist, who carried out the

procedure – be held responsible and liable for the increased damage? This is particularly relevant if the treatment was taken out purely on the merits of achieving a youthful complexion, when in fact the opposite is the case and ageing has been accelerated. This is a hypothetical case, but in this day and age of increasing litigation, such possibilities need serious consideration.

If not the beauty therapist, then whom?

Professional associations such as the British Association of Aesthetic Plastic Surgeons

(BAAPS) and the General Dental Council (GDC) believe that some procedures should stay in the domain of 'cosmetic surgery' or 'dentistry' as they are invasive/advanced cosmetic treatments. However, one has to consider if this is due to a concern over a lack of training and the medical nature of treatment alone, or if their view is as a result of the current economic boom in cosmetic rejuvenation treatments and a desire to corner the market for 'their own people'. There are more and more cases of dentists carrying out skin rejuvenation and anti-ageing treatments. If dentists consider it to be illegal for beauty therapists to perform 'dentistry', do they have the corresponding skill set for facial skin enhancement? It could be argued that if tooth whitening is considered as 'dentistry' then the care of the skin belongs to cosmetic surgeons or possibly beauty therapists. What are your views?

Extreme treatments explained

Chemical peels

This procedure uses chemicals to erode the upper layers of the skin. The type of chemical applied and duration of its application determines the ultimate depth of penetration. Deep peels aim to remove the epidermal covering and refine some of the papillary layer in the dermis. An initial healing period, consisting of a crust formation, finally reveals an epidermis formed entirely from scar tissue.

Somehow the skin does not always look quite natural, however it is extremely smooth and many people are happy to overlook a slightly doll-like appearance. Skin tone may also change and not blend with the original colouration.

Only light peels* are available in the domain of the beauty therapist and require repeat treatments every few weeks to dissolve the epidermal layers. Healing presents itself as skin peeling, prolonged erythema and heightened sensitivity to UV exposure and other stimulants.

At present, chemical peeling is not part of the national framework for beauty therapists.

Preparations available from professional brands and training as to how to use these effectively and safely, are accessed through suppliers. Therapists should note the strength of the preparation to ensure they are using a product that will be covered by their insurance. *Usually up to 30 per cent strength, unless an extension or separate insurance policy has been taken out.

Dermabrasion

Depth of abrasion depends on the choice of abrasive agent. Deep peels provided by medical



practitioners employ wire brushes to treat large expanses and offer a high level of penetration.

The aim is to remove the epidermis and upper dermal layers, smoothing any undulations and reducing deep scar tissue. Graded and texturised sandpapers or crystals are used for intricate areas. The end result is a smoother, even coloured and refined complexion; however the skin is permanently thinned.

Throughout the healing process it is crucial to minimise the risk of infection and abstain from UV exposure as the new skin is very prone to hyper-pigmentation. Strong anti-viral drugs and antibiotics may need to be prescribed alongside deeper treatments to inhibit infection.

Beauty therapists are restricted to micro-dermabrasion, employing micro-particles such as crystals to abrade the epidermal surface, the effects of which are considerably more superficial but can still substantially thin the epidermis.

Training is provided by the supplier, which means that the content and thoroughness may vary. Standards are available for

micro-dermabrasion at Level 3; however it is not currently part of the beauty therapist's general qualification and as such the guidelines may not be followed in all training. It is being considered for inclusion within the Level 3 National Framework for Beauty Therapy, possibly as an extension and would then be available from 2009/10. However at the last Habia forum meeting I attended, many present raised a concern that it should be covered in Level 4 and this matter is under evaluation.

Tooth whitening

Most tooth whitening procedures involve chemical agents or a laser to restore brightness. However, would beauty therapists be able to recognise gum disease and other contraindications to treatment? This depends on their training and there is a lack of industry-recognised standards in this area for therapists. It has been made very clear by the General Dental Council (GDC) that it believes this treatment lies within the remit of its members and that, as an 'act of dentistry', it is a criminal offence for non-registrants to provide tooth whitening procedures. Insurance is another factor – with criminal charges being threatened by bodies such as GDC, most insurance companies will not take the risk until a case has been taken through a court of law.

Subcision therapy

This involves inserting a fine probe into the epidermal layers, just beneath a wrinkle or scar, which causes a minor trauma to the skin and initiates the skin's natural healing, stimulating

the production of collagen fibres and creating a plumping and firming effect to the local area. The results are gradual and most evident at the end of the healing cycle. A series of treatments may be needed for more established wrinkles.

Due to the healing process, a fine red line may be visible and the area hypersensitive to UV exposure for a short time after treatment. However, these effects are only temporary.

This therapy is not listed on the national framework but is identified for its possible future inclusion within the national standards for beauty therapists at Level 4. Training is currently provided by suppliers.

Botox and dermal fillers

Botox is derived from the botulinum toxin and is classified as a medicine. Used correctly, it affects the nervous responses to the targeted facial muscles, smoothing fine lines and wrinkles. However, the results of repeated use are unknown and the full extent of potential damage is uncertain. There have been reported cases of drooping eyebrows and a marked lack of expression that has led to a reduction in the popularity of this treatment with celebrities. Arguably, such effects are not permanent, or may be the result of poor application or overuse – only time will tell.

Dermal fillers usually contain collagen or silicone, both of which have a potential risk of allergic reaction and associated side effects. An alternative would be fat harvested from the client, the aim being to raise the wrinkle or scar from underneath and even out the skin's surface. Both Botox and dermal fillers need to be repeated to maintain results.

Insurance underwriters are still assessing the impact of these treatments and collating evidence to assess the risks. Consequently, many are reluctant to extend cover.

Some injectable substances, such as Botox, are prescription-only medicines and outside the remit of the average beauty therapist. However, in some salons treatment is delegated to a



Micro-dermabrasion abrades the skin

'suitably qualified and competent other person' (e.g. a beauty therapist), usually when someone medically qualified is supervising or on the premises at the time of treatment.

Several bodies, including Habia, recommend that treatments should only be carried out by the medically qualified. The government, Habia and other authorities are working on a draft proposal for the self-regulation of injectable cosmetic procedures, which will encompass Botox and dermal fillers. A timeline of objectives has been agreed, with the government set to review standards in 2009. Information will be available for consultation this September/October and Habia would welcome the views of beauty therapists on the standards before they are finalised. Please send comments to me at Cheryl@fht.org.uk and I will pass them on.

Laser treatments

Laser therapy is a highly complex area with several varieties available. All work at different frequencies of energy and selection will depend on the desired use. For instance, high-energy lasers are used for resurfacing the skin, which removes the epidermal covering in a similar

fashion to dermabrasion and chemical peels. They produce more dramatic results than low-energy laser but carry an increased risk of pigmentation disturbance, blistering, scarring and burns. As such, treatments should only be carried out by those who are medically qualified.

Photo rejuvenation relies upon lower energy levels, using heat production in the dermal layers to reduce lines and wrinkles. IPL (Intense Pulsed Light), LHE (Light, Heat Energy) and LED (Light Emitting Diode) also use heat production in the dermal layers to improve skin tone and treat vascular or pigmentation disorders.

When used under the guidance of a competent operator, lasers are safe and effective. However, it is imperative to do research by contacting the Association of Laser Safety Professionals and manufacturers about courses that meet national standards. Continued policing of the standards will require inclusion into the national framework for beauty therapists at Level 4. Currently, therapists are required to complete CoK (Core of Knowledge) certified training, provided by the manufacturers, demonstrating competency in laser and IPL safety. Training is specific to each system to an agreed standard.

Therapists have to be registered with the Healthcare Commission to carry out these treatments. However, the government is proposing to deregulate Class 3b and 4 lasers and IPL systems used for hair removal and skin resurfacing/rejuvenation. This raises concern, as while regulation is in place, standards have to be met. If regulation is removed, there is less accountability and insurance claims are expected to increase significantly.

Habia and the Independent Healthcare and Advisory Services are among those raising concerns with the government about deregulation. At the same time, they are proposing alternative controls based upon self-regulation, and a review of standards and practices, to ensure safeguards are in place should the government proceed.

Looking to the future – the key is education and the practitioner

There are no wholly good or bad treatments, as each technique administered correctly will produce a desirable result. The key lies with education and the practitioner. It should always be considered that marketing and sales dictate fashions and trends. However, science and technology move forward, so if the treatments are to continue, then their inclusion onto the Level 3/4 framework for beauty therapists will at least ensure a standardised syllabus and training. Practitioners undertaking this high level of training must be taught to analyse, reflect upon practices and understand why and how the treatments are performed, as well as the potential long-term consequences. Only then will the risks be greatly reduced and insurance become more accessible.

I hope this article has provided an overview of

some of the extreme beauty treatments available and raised a few questions. Treatment methods and procedures may vary, so further and more detailed advice should be sought regarding application, effects and training requirements directly from suppliers, manufacturers and relevant bodies/authorities cited in this article.



Cheryl Cole is a vice-president of FHT with more than 27 years' experience as a holistic beauty therapist and is owner of the Cheryl Cole Academy. Her experience encompasses practical expertise, teaching and examining. Cheryl runs several courses accredited by FHT. For more information, call 01487 830971 or visit www.CherylColeAcademy.co.uk

Web addresses:

- ALSP (Association of Laser Safety Professionals): www.laserprotectionadviser.com
- BAAPS: www.baaps.org.uk
- GDC: www.gdc-uk.org
- Habia: www.habia.org
- Healthcare Commission: www.healthcarecommission.org.uk