

Dentists Doing Botox? It's About Time!



by Louis Malcmacher, DDS, MAGD

Botox and dermal fillers have made a huge impact in the elective aesthetic field. By far, these are the two fastest growing cosmetic treatments, especially over the last decade. The dollar amount spent on Botox and dermal fillers far exceeds the combined dollars spent for breast implants and liposuction. With that in mind, there is a definite place in the dental practice for both Botox and dermal fillers therapy. Dentists should be joining other health-care practitioners who deliver these services. In truth, dentists should be the primary health-care practitioners to deliver these procedures to patients.

After speaking to thousands of dentists about these procedures through my lectures, I've found that we as a dental industry are pretty much ignorant of what these therapies even are, how they are delivered, what the science is behind them, and what they can accomplish for our patients. A little bit of knowledge will go a long way in helping you understand about the clinical and business advantages to integrating these therapies into your office.

The Real Facial Specialists

The first question everybody asks is, "Don't Botox and dermal fillers procedures belong in a plastic surgeon's or dermatologist's office?" Dermatologists and plastic surgeons were the first health-care providers to train and integrate these therapies into their offices but that does not make these "specialty" procedures by any means.

These procedures are delivered to patients by other physicians including OB/GYNs, ophthalmologists, gastroenterologists, internists, registered nurses, physicians' assistants, medical aestheticians (who might or might not be medical personnel), and even podiatrists! I submit that dentists are the *true* specialists in the area of the face, much more so than these other health-care personnel.

In several states, a registered nurse or physicians' assistants can have an independent practice outside of the physicians' office and perform Botox, dermal fillers, chemical and laser microdermal abrasion, sclerotherapy, and mesotherapy. Even within dermatology and plastic surgery offices, registered nurses and physicians' assistants are the primary providers of Botox and dermal fillers. Many nurses have told me that their training was completely on the job with absolutely no additional training in facial anatomy, physiology, pharmacology of the products and adverse affects. They just learned where to place these materials by watching and learning.

We, as dentists, really have to start standing up for ourselves and realize how advanced our training has been in the oral and maxillofacial areas (that means the face from chin to forehead) compared to just about any other health-care professional who is allowed to deliver Botox and dermal fillers to patients. Dentists often challenge me that these procedures are best left to physicians. The question that you really have to ask yourself is, "Why?" An ophthalmologist, general plastic surgeon, dermatologist, OB/GYN, most other MDs, nurses, and physicians' assistants do not even come close to knowing the facial, oral and perioral areas the way a general dentist does. Dentists are much more familiar with how to take care of complications in these facial areas than other health-care providers. Yet they are allowed to deliver Botox and dermal fillers in some states where dentists are excluded from

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Second opinions are common in health care; whether a doctor is sorting out a difficult case or a patient is not sure what to do next. In the context of our magazine, the first opinion will always belong to the reader. This feature will allow fellow dental professionals to share their opinions on various topics, providing you with a "Second Opinion." Perhaps some of these observations will change your mind; while others will solidify your position. In the end, our goal is to create discussion and debate to enrich our profession.

— Thomas Giacobbi, DDS, FAGD
Dentaltown Editorial Director

doing so. Dentists do many more invasive procedures in the facial areas than all of these physicians and personnel combined.

I completely understand that the thought of Botox and dermal fillers is foreign to our dental mindset simply because we have never been involved in these areas before. You might also remember a time when implants were foreign to dentistry, when many dentists said we should not get involved because that would change our mindset of trying to save teeth. When teeth whitening was first introduced into the dental market, many dentists called it malpractice. It is time to really start learning about how Botox and dermal fillers can help us in dentistry.

The Botox Primer

Botox is a trade name for botulinum toxin, which comes in the form of a purified protein. The mechanism of action for Botox is really quite simple. Botox is injected into the facial muscles but really doesn't affect the muscle at all. Botulinum toxin affects and blocks the transmitters between the motor nerves that innervate the muscle. There is no loss of sensory feeling in the muscles. Once the motor nerve endings are interrupted, the muscle cannot contract. When that muscle does not contract, the dynamic motion that causes wrinkles in the skin will stop. The skin then starts to smooth out, and in approximately three to 10 days after treatment, the skin above those muscles becomes nice and smooth. The effects of Botox last for approximately three to four months, at which time the patient needs retreatment.

The areas Botox is commonly used are the forehead, between the eyes (glabellar region), and around the corners of the eyes (crow's feet) (Figures 1 and 2) and around the lips. Botox has important clinical uses as an adjunct in TMJ and bruxism cases, and for patients with chronic TMJ and facial pain. Botox is also used to complement aesthetic dentistry cases, as a minimally invasive alternative to surgically treating high lip line cases, for denture patients who have trouble adjusting to new dentures, in lip augmentation, and has uses in orthodontic cases where retraining of the facial muscles is necessary. No other health-care provider has the capability to help patients in so many areas as do dentists.

The Dermal Filler Primer

Dermal fillers will volumize creases and folds in the face in areas that have lost fat and collagen as we age. After age 30, we all lose approximately one percent of hyaluronic acid from our bodies. Hyaluronic acid is the natural filler substance in your body. The face starts to lack volume and appears aged with deeper nasolabial folds, unaesthetic marionette lines, a deeper mentalis fold, the lips start to thin, and turning down the corners of the lips (Figure 3). Hyaluronic acid fillers such as Restylane and Juvederm are then injected extraorally right underneath these folds to replace the volume lost which creates a younger look in the face (Figure 4). Dermal fillers can be used for high lip line cases, asymmetrical lips around the mouth, lip augmentation, and completing cosmetic dentistry cases by creating a beautiful, young-looking frame around the teeth. The effect of dermal fillers typically last anywhere from six to 12 months at which point the procedure needs to be repeated. Both Botox and dermal fillers are procedures that take anywhere from five to 15 minutes.

There is one huge advantage dentists have in delivering dermal fillers over any other health-care professional. Most physicians and nurses use topical anesthetics and ice on the skin to numb the patient. Some actually learn how to give dental anesthesia but very few are proficient at it. As you might imagine, this will be a painful procedure when done this way. Indeed, this is the reason that many patients prefer dentists to deliver dermal fillers.

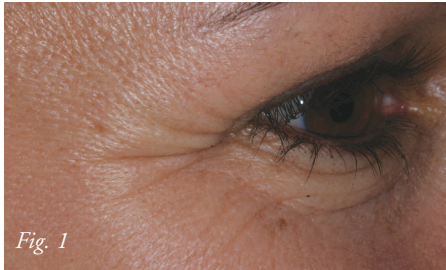


Fig. 1

Patient seeks smoothing of facial wrinkles in her forehead, between the eyes, and crow's feet around eyes.



Fig. 2

Patient very satisfied with aesthetic result and also reports relief of migraines and TMJ pain.



Fig. 3

43-year-old female with moderate nasolabial folds and uneven lips.



Fig. 4

Aesthetic result achieved with younger look and fuller and symmetrical lips.

The interesting thing here is that most dentists inject in the same areas where Botox and dermal fillers are injected for cosmetic results. The only difference is that you inject intraorally into these facial structures while Botox and dermal fillers injections are extraoral injections. Another reason that dentists are the best professionals to deliver these applications is also because we are the best injectors around. We inject anesthetic for a living and we know how to make these injections comfortable, quick, and relatively painless for our patients. The dentists I have trained for Botox and dermal fillers all report that their patients compare us to the other health-care professionals they previously visited for these procedures. They say the dentists' injections are quicker and much more comfortable.

What About Adverse Reactions?

People always ask me about adverse reactions to Botox and dermal fillers. The long-termed safety of Botox has become very well established clinically, with millions of injections delivered every single year. Botox treatments are the most commonly performed cosmetic procedures in the United States and would not be so if there were common adverse reactions. The most common dermal fillers used are made of hyaluronic acid which, as we mentioned, are naturally occurring substances in the body. When the effects of Botox and dermal fillers are gone, they are gone completely with no residue or after effects present.

I always tell dentists who are worried about adverse reactions to pick up the pharmacology sheet that comes with your local anesthetic. You will find far more adverse reactions that can occur with the use of common local anesthetics – having significant effects on the cardiovascular system, nervous system and muscular system. That sheet describes far worse reactions than with Botox and dermal fillers, yet we are comfortable using these every single day. The reason is because we are knowledgeable about the use of local anesthetic, we have studied what it can and cannot do, and we have been trained in how to deal with any complications. The same will be true once you are properly trained with Botox and dermal fillers.

You Can Teach an Old Dog New Tricks

Every dentist who has been trained in Botox and dermal fillers completely understands why we as dentists should be performing these procedures. I've heard estimates that about 10 percent of practicing dentists have been trained in these procedures. Training is absolutely essential, just as it is with anything that is new to you. I have personally trained hundreds of dentists in Botox and dermal filler therapy and it is quite amazing to see dentists go through a wonderful transformation through the course. You see, you already know the facial anatomy – it's somewhere in your brain from dental school and we just have to bring it back to the surface. You already know how to give an injection and this is just a different kind of injection to learn. You already understand the physiology, skeletal structures, the musculature vascular and nervous system of the face, and overall facial aesthetics.

Do you think for a moment that other health-care professionals know or are concerned about the proper ratios of lips to teeth, the smile considerations when the patients go into a partial or a full smile, proper phonetics, and how the teeth relate to the soft tissue surrounding the mouth? I have found just a few plastic surgeons and dermatologists who have a very cursory understanding of this, but don't really give it much thought at all.

There are general medical education companies that will teach courses on Botox and dermal fillers. Generally, some of this course is wasted on dentists as there is a definite lack of dental knowledge as to how these procedures can be used in conjunction with other dental procedures. There are other procedures that are done with Botox and dermal fillers that are not used around the face and would be

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completely outside of the dentist's realm. Training for the dentist is significantly different than training for other health-care professionals as our procedures are limited to the face and the training must include how to best use these materials for the clinical dental uses mentioned above in addition to smoothing of facial wrinkles and volumizing facial folds.

Will My Malpractice Insurance Cover These Procedures?

Malpractice issues are rare for Botox and dermal filler cases. That being stated, I have always been a strong advocate that professionals should have malpractice insurance that covers all the procedures they perform. Most dental liability insurance companies are not currently set up to cover dentists for Botox and dermal filler procedures. This means that your malpractice insurance carrier will not cover you for these procedures.

Many dentists have contacted me to tell me that their malpractice insurance agent informed them that dentists are prevented from doing botox and dermal fillers in their state. This is simply untrue. While most insurance agents are well intentioned, they are afraid of losing your business. I have proven many insurance agent wrong on this issue. What is relevant is what your state board tells you – not your insurance agent.

Here is the great news for you and your insurance agent – there are third party add-on malpractice liability insurance carriers that will cover dentists who have been properly trained for these procedures. These policies will be in addition to the malpractice insurance you already have.

State Dental Boards

Most dentists are surprised to learn that there are many states where general dentists are allowed to perform both Botox and dermal fillers in the oral and maxillofacial areas from chin to top of the forehead. There are some states that might allow one but not the other. There are states where dentists are not allowed to perform these therapies at all. There is no question that the tide is certainly turning for this to be accepted nationwide. More state dental boards are allowing these procedures and it is happening rapidly. Certainly, it is appropriate for dentists to use Botox and dermal fillers for dental uses within the scope of dentistry as defined by your state practice act.

It is high time that our state dental associations (which represent dentists) begin advocating to the state dental boards (who work for the public) and to their state legislatures for dentists to begin doing these procedures in those states that aren't yet on board. I have consulted with many state dental boards about these issues. The more state dental board members become educated about what these procedures are and how dentists are the best health-care professionals to provide these services, the faster the shift will be to allow dentists to do these procedures in those states.

State dental boards are there to protect the public. Does it make any sense at all when those most qualified to perform Botox and dermal fillers (dentists) are excluded from doing so? When nurses or MDs with minimal or no training are allowed to do these procedures, how does that serve the public interest? It is inconceivable that a nurse, physician, or physicians' assistant who might not even have training can perform these procedures while a dentist, who knows more about the face than any of these other professionals, cannot do so.

Post-op Instructions

Instead of the naysayers in dentistry who always doubt our abilities as health-care professionals, it is time to stand up and realize how well trained, clinically proficient and knowledgeable we truly are in all of the oral and maxillofacial areas. We need to realize that we have valuable contributions to make in facial aesthetics and it is time to get on board.

Author's Bio

Dr. Louis Malcmacher is a practicing general dentist in Bay Village, Ohio, and an internationally known lecturer, author, and dental consultant known for his comprehensive and entertaining style. An evaluator for Clinicians Reports (formerly Clinical Research Associates), Dr. Malcmacher has served as a spokesman for the Academy of General Dentistry and is a consultant to the Council on Dental Practice of the American Dental Association. He works closely with dental manufacturers as a clinical researcher in developing new products and techniques. For almost 30 years, Dr. Malcmacher has inspired his audiences and consulting clients to truly enjoy doing dentistry by providing the knowledge necessary for excellent clinical and practice management. His group dental practice has maintained a 45 percent overhead since 1988. You can contact him at 440-892-1810 or e-mail dryowza@mail.com. You can also see his lecture and Botox and dermal filler training schedule at www.commonssensedentistry.com.

Botox and Dermal Fillers for Every Dental Practice

As an adjunct to this month's Second Opinion column, Dentaltown presents a Botox and dermal filler case by Dr. Louis Malcmacher. Log on to the message boards of Dentaltown.com today to participate in this discussion.

It is time for dentists to start to learn about these procedures and how they can benefit our practices. Here is a patient who had thinning lips and moderate nasolabial lines and wanted some aesthetic correction. We used the dermal filler Juvederm Ultra to fill out the nasolabial folds and do a lip augmentation. As part of the lip augmentation, we also corrected the gummy smile she has on the left side of her dentition where she shows too much gingiva. She also wanted more of a "pout" which women (and lots of men) find very attractive. It is very important when doing lip augmentations to create a natural look and not big duck lips as people have gotten in the past. Now that I have been teaching this hands-on to dentists for the last six months, I have shown many dentists how to create the same results and how to properly finish off their aesthetic dental cases. It is time to start thinking out of the mouth and add these procedures to our mix of services. We as dentists are the best qualified to perform these procedures because we are the real experts at creating smiles and facial aesthetics. We also smoothed the wrinkles around the crow's feet areas of her eyes. Patients absolutely love that as well.



Louis Malcmacher, DDS, MAGD
"Louis Malcmacher DDS FAGD"

Posted: 3/8/2009

Post: 1 of 108

Figure 1: Patient with deeper nasolabial folds and uneven lips seeking a more pleasing aesthetic appearance around her mouth. This is very popular treatment requested by patients.



Fig. 1

Figure 2: A more youthful looking appearance with dermal fillers in the nasolabial folds. We also did a lip augmentation to give the patient fuller lips, a more defined cupid's bow and a pout in her lower lip.



Fig. 2

Figure 3: No one likes wrinkles as they get older and women especially do not like these crow's feet because they look old and makeup tends to fill into these areas and is hard to control.

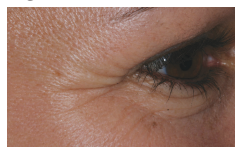


Fig. 3

Figure 4: Botox and 10 days later, they are gone, patient looks younger and is thrilled! Yes, this was done by a dentist (that would be me) and you can do this too with some training.



Fig. 4

Should we be doing these procedures on patients? My answer, absolutely yes! When nurses and medical aestheticians are performing Botox and dermal filler procedures in most states, don't you think that you are vastly more qualified and skilled in these areas of the face? Dentists are the most qualified health-care professionals to do Botox and dermal fillers; it is time to get on the bandwagon here. ■

Many dentists won't be able to do this well, many will. Don't fool our colleagues into thinking everyone can do it. Some dentists are as skilled as it comes in certain fields and suck at others. Facial aesthetics is no different. ■

"Pav"

Posted: 3/8/2009

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Louis Malcmacher, DDS, MAGD

“Louis Malcmacher DDS FAGD”

Posted: 3/8/2009

Post: 5 of 108



I disagree with you, Pav. A simple case like this of nasolabial folds and lips, with training like anything else, dentists can accomplish this easily. I have trained a couple of hundred dentists at this point and they are all doing these kinds of cases. I just taught a hands-on Botox and dermal fillers class last week and most of the dentists were doing these kinds of cases right at the course. They do the whole case, not me, so most dentists have the skills to do these easy cases. I find that just like in any other areas of dentistry, when they bite off more than they can chew and do not learn how to choose cases correctly is when they get into trouble. ■

“wadepilling”

Posted: 3/8/2009

Post: 9 of 108

If dentists can't learn to do this then they are dumb. Whether they want to or not is a different story. Telling dentists they should or need to learn this is dumb too. It's obviously something that can be learned. It's not difficult; I mean most of the people doing this are nurses. Anyway, did anyone see the ADA news? There was an article on this and it was obvious the ADA was mocking this and perhaps taking a stand that dentists shouldn't do this. I love how California has pushed this to be only done by physicians, yet their nurses are actually the ones doing it. This is obviously a turf war. ■

Abe Abdul, DMD, FAGD, ABGD, FAAHD

“dentaman”

Posted: 3/8/2009 ■ Post: 10 of 108

I think Dr. Malcmacher is trying to show us what a dentist can do, and his intentions are good. I am not sure why we are always so quick into shooting people down.

I personally would love to see more cases and would love to learn to do such procedures. Could you post more cases and educate us on technique and opportunities to learn. Would you address some risk management issues?

Please keep posting. ■

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“doctored”

Posted: 3/11/2009

Post: 20 of 108



Louis, I really have no interest in learning how to do this but I have to ask, what is the usual fee for a case like the one you posted. I want to know if I refer a case what to tell the patient she can expect. ■ Ed

Louis Malcmacher, DDS, MAGD

“Louis Malcmacher DDS FAGD”

Posted: 3/12/2009

Posts: 21 & 41 of 108

Hi Ed, treatment cost for patient shown would be about \$1,700 and treatment time is about 15 minutes. A standard case of Botox alone is \$1,000 with treatment time of five minutes. I thank you for the question because now I think dentists will come to appreciate why plastic surgeons and dermatologists love this procedure so much, especially when they can delegate this to nurses in most states. I believe this is much more of a dental procedure than

it is a dermatological procedure. There is something wrong with a world where OBGYNs are able to do this and dentists are not. Nothing we have in dentistry comes close to the profitability of Botox and dermal filler procedures, once a dentist is trained and gains some experience doing this.

Nothing in dentistry comes close to the patient demand for Botox and dermal fillers – yes, it beats whitening and it beats veneers by a mile.

Do I only want to do these procedures? Heck, no, but it is a very nice adjunct, both on the clinical and practice management sides, to what I do every day in the office.

By the way, I used that patient for a National Dental Network DVD on Botox and dermal fillers in dentistry so it took about 20-25 minutes to shoot because of the start and stop.

I would love to hear from dentists on why they don't think they can do these procedures.

[Posted: 5/24/2009]

You need to know what your state dental practice act says. I personally have spoken to about half of the state dental boards in the country. Many allow this as they do not regulate specific procedures. Many have no opinion on this and just say that dentists need training. Many states come out and say that dentists can perform these procedures all over the face. This is not a legal opinion as I am not a lawyer.

Certainly, dentists are allowed to use Botox and dermal fillers in the oral and peri-oral areas and for TMJ, bruxism, ortho, denture, and facial pain management under their dental practice acts already, you don't need anything special for that, these are the common areas we treat. Many state dental practice acts expand that out to oral and maxillofacial areas which would include the entire face.

Don't even think of any of this without training. My personal experience is that dentists are the easiest health-care professionals to train because of our knowledge of the face. ■

I have been a Townie for a while but rarely post or contribute, so I apologize up front if my post is "off" or longwinded. This thread significantly piques my interest since I have been using Botox and many of the facial fillers for many years in my practice very successfully. I have also trained many dentists and some physicians and have taken many, both medical- and dental-based courses on these topics over the past five years. IMO [In my opinion], dentists are by far the best trained professionals to do this, not that I am saying this but many physicians I trained with say this. And they all have great respect for us and our knowledge. Besides my dental patients, I get many new patients from this because I, as opposed to their physician (nurse, etc.) don't hurt them. And most of us have a great cosmetic eye. Louis is 100 percent dead on. And I'll be glad to help. Get the proper training and do it. It's fun and easy after your first few patients.

Respectfully submitted. ■ Harry

This is an excerpt from the Dentaltown message boards. To read the complete thread or to join in the conversation please visit www.towniecentral.com, type in "Botox and Dermal Fillers" in the search box and click, "Search." ■

Harry Harcsztark, DDS, FAGD, FICOI
"drh2111"

Posted: 5/24/2009

Post: 51 of 108

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