

Medical Photography for the Cosmetic Dermatology Practice

Good clinical images can be invaluable in a cosmetics practice. Know why and how to capture and use worthwhile images.

Medical photography in the cosmetic dermatology practice is absolutely essential, and I would not recommend that anybody engage in the practice of cosmetic dermatology without using photography. It is important in three ways: demonstrating post-op improvement, practice marketing/patient education, and medico-legal documentation. The value of clinical photographs in practice depends on the quality of the images obtained and the clinician's ability to readily make use of those photos. Here are some tips for success.

Why Photograph

The most important thing that I use photography for in my practice is to remind patients how they looked before an intervention; many patients forget over time the changes that they have achieved through cosmetic treatments. I cannot tell you how many times patients have come back and said, "I don't think it's working." At this point, I take an "after" picture and compare it to their "before." Patients typically respond with comments of amazement, shock and—never mind—they're absolutely thrilled. It's critical to take before and after photographs.

Secondly, I use photography for marketing purposes. As I always tell colleagues, when you do patient consultations and any marketing efforts, you want to have examples of your work for both patient information and also for patient confidence as potential

patients are trying to determine who they want to perform their cosmetic procedure.

Finally, dermatologists should photograph for medico-legal reasons. The need for photographic documentation for medico-legal issues has been extremely rare in my practice, but I remember one time when a patient was threatening a lawsuit because she said the cosmetic procedure caused changes around her eyes. She was thoroughly convinced and had already contacted an attorney. We had her come in to see us and we pulled her before and after photos. Lo and behold, the defect that she was talking about appeared in her before photos—before we did any treatments. At that point, she changed into a completely different person, apologized profusely, and asked if we would still consider keeping her as a patient. Photography is key.

Obtaining Permissions

Technically, you only need a patient's consent to use photographs if they contain identifiable information. That usually means for photos of the face, unless the individual has a very unique



or odd tattoo that people could recognize. However, I have every single patient that I photograph sign a photographic consent. In my consent, I specifically state that the photographs can be used for medical purposes including education and marketing, and I have them initial this to indicate

Specialty Viewing/Photography Options

Several new technologies are available for viewing and photographing the skin. Canfield provides software that produces a UV photodamage image that can be stored in the patient's electronic chart. I have found that these images are very helpful during cosmetic consultations when patients can really see the damage in their skin.

I'd recommend that novices avoid exotic 'mole imaging' and expensive facial analysis packages. These tend to be over-priced, and the return on investment is small. You will likely find yourself searching for uses since you paid so much for the system.

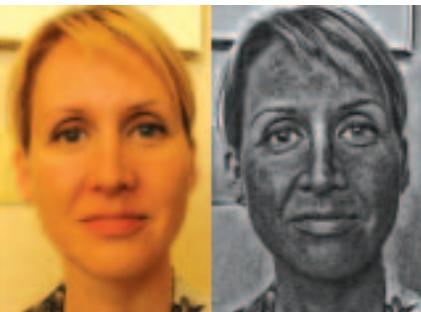


sent me a mean letter, telling me that we should not be using before and after pictures without patient consent. I promptly pulled the consent form that her husband signed, faxed it to her, and got a very apologetic e-mail indicating that she would be buying her husband some ginkgo biloba to assist him with his memory because he didn't remember signing the consent. She also asked us to please continue using the images. I have everyone sign the consent, and I tell them the photo could be used for any purposes we see appropriate, both educational and in marketing campaigns/ads.

Tracking Photos

There is no simple or universally applicable solution to the challenge of organizing and tracking photos. Practices must adopt whatever system is convenient for their practice, keeping in mind that the best storage and retrieval system is the one that gets used.

Recognizing that other practices will probably make variations, I'll share what I do in my practice. I use a combination of digital photography, standard film photography, and Polaroid instant photography. I use the digital photographs for ultraviolet B skin analysis to keep in the patient's chart. This is when I am trying to review areas of sun damage to discuss specific cosmetic treatments. Because I have electronic medical records, it's



that they agree. I recall a case where we had a terrific cosmetic result on a patient's face that we used in promotional materials. The patient's wife

easy to store images directly in the patient's record.

For most cosmetic procedures, including Botox and Restylane, I use the Polaroid instant photography system "Macro 5: SLR 1200" that offers instant, near-35mm quality photographs. I find this very helpful because rather than displaying before and after images on a computer screen, I have something that patients can actually hold in their hands, move around, and compare side-to-side. Also, the Polaroid system has a 1:1 setting so the images on the picture are the same size they are in real life, which is especially helpful when we are treating lips; patients can see exactly how things turned out. It also offers the option of date stamping all photos. These cameras can be found on eBay in the 400-700 dollar range. Polaroid film is a bit pricy at about one dollar per image, but relative to the cost of the procedures we are doing and for documenting and demonstrating images pertaining to patient satisfaction, they are worth their weight in gold.

Lastly, for all clinical photographs and many cosmetic photographs, I will back up with standard 35-mm slide film. I use the Yashica Dental Eye III, found on eBay for about \$200. I recognize that this is considered by some to be outdated, but I have a filing-cabinet system that holds 25,000 35-mm slides (www.Negafile.com). I also use the "Retrieval System for Dermatological Photographs" 4th edition, developed by the Dermatological Photographic Society (www.DermPhotoSoc.org). When I take clinical photographs, at the end of the series of photographs, I always take a picture of the patient's name; when the slides come back, all the information is right there. I have my staff label and file everything right away.

Retrieval is very easy. I just open up the drawer, and the slide is indexed for me. While there is no perfect system, this has worked very well for me. As an added feature, all images can be digitized. I have an ultra-high density Nikon Super CoolScan 5000 scanner, so I can digitize all 35-mm slide images for electronic transmission, and I have a high-quality flatbed scanner for the Polaroid photos.

If I were just starting out, I would consider going all digital. For more information, consider speaking with a Canfield Photography representative and attending one of the Dermatological Photographic Society group get-togethers at the American Academy of Dermatology meetings.

Avoid Common Mistakes

The most common photo mistake would be not taking them. I've never regretted taking a photo, even if it was plain, but I've regretted many photos that I did not take! Any time I see an

odd lesion, especially if I'm not sure what it is, I take a photograph before performing a biopsy, knowing that 98 percent of the time, it is going to come back common/benign. But I don't want to miss that once in a career opportunity to take the "gotcha photo" of the rare zebra.

Not taking photos of cosmetic patients is a mistake, because if the patient comes back to complain about sub-par response you have nothing to compare it to. The other mistake is failing to keep up with labeling and storage of your system so that you can use it when you need it. There is nothing more frustrating than seeing a patient in follow-up when you can't readily locate the before picture. Train a good staff member to help with storage and retrieval. You will be happy that you did!

Finally, make an effort to employ good photographic technique. Always take photos from the same angle and with the same lighting.

Consistency is Key

It is important to have consistent before and after pictures to assess the quality of your treatments. Always look at the 'before' pictures before you take follow-up photos, so you can take the same picture from the same angle with the same lighting. Always remember the mantra: same camera, same lighting, same angle, same distance. Avoid lighting that may skew appearances (and be wary of lighting tricks that may enhance appearances in images or marketing materials from others). Some systems offer exact body placement and chin location guides to assure the consistency of before and after pictures. This is an especially good idea if you have ancillary staff take photos, as results are repeatable all the time. It is also good for taking facial close ups.

Also, make sure that batteries are all fresh so you get good exposures. I have found that the Canfield system has great software for digital slide storage, retrieval, and manipulation. This is readily available and worth considering if you're just getting into the market.

Finally get as close to the target as possible and make sure it is centered in the frame. If at all possible, keep a landmark in the photo for reference. For example, if you are photographing a lesion on the cheek, include part of the nose or eyelid or ear in the picture to give a sense of size and allow easier identification of a healed site on follow-up. I prefer this approach to that of putting a ruler in the picture, unless it is a surgical specimen for which you absolutely need the size. Some clinicians take three shots: full body/region, lesion with landmark, and finally extreme close up of the lesion. Thanks to digital imaging, taking three times the images no longer means tripling the price. ■

NEW In Your Practice

Attack of the Clone. An even more resistant strain of CA-MRSA is causing virulent skin infections across the country, and active gay and bisexual men are up to 13 times more likely than the general population to acquire it, according to a recent study published online in the *Annals of Internal Medicine*. The USA-300 Straph strain is most commonly associated with community-acquired infections across the US, but the newly tracked multiply-drug-resistant or MDR clone is resistant to clindamycin, erythromycin, and topical mupirocin.

The recent study based on chart reviews and analysis of clinical isolates of MRSA from hospitals representing more than 98 percent of the hospital beds in San Francisco, plus two public outpatient clinics from 2004 to June 2006 revealed that 10.3 percent of the population in the cluster of zip codes was same-sex male couples, compared with 2.2 percent in the rest of the city. The district with the highest percentage of male same-sex couples in the US had a MDR USA300 incidence rate of 170 cases per 100,00 residents. Results in Boston hospitals were similar.