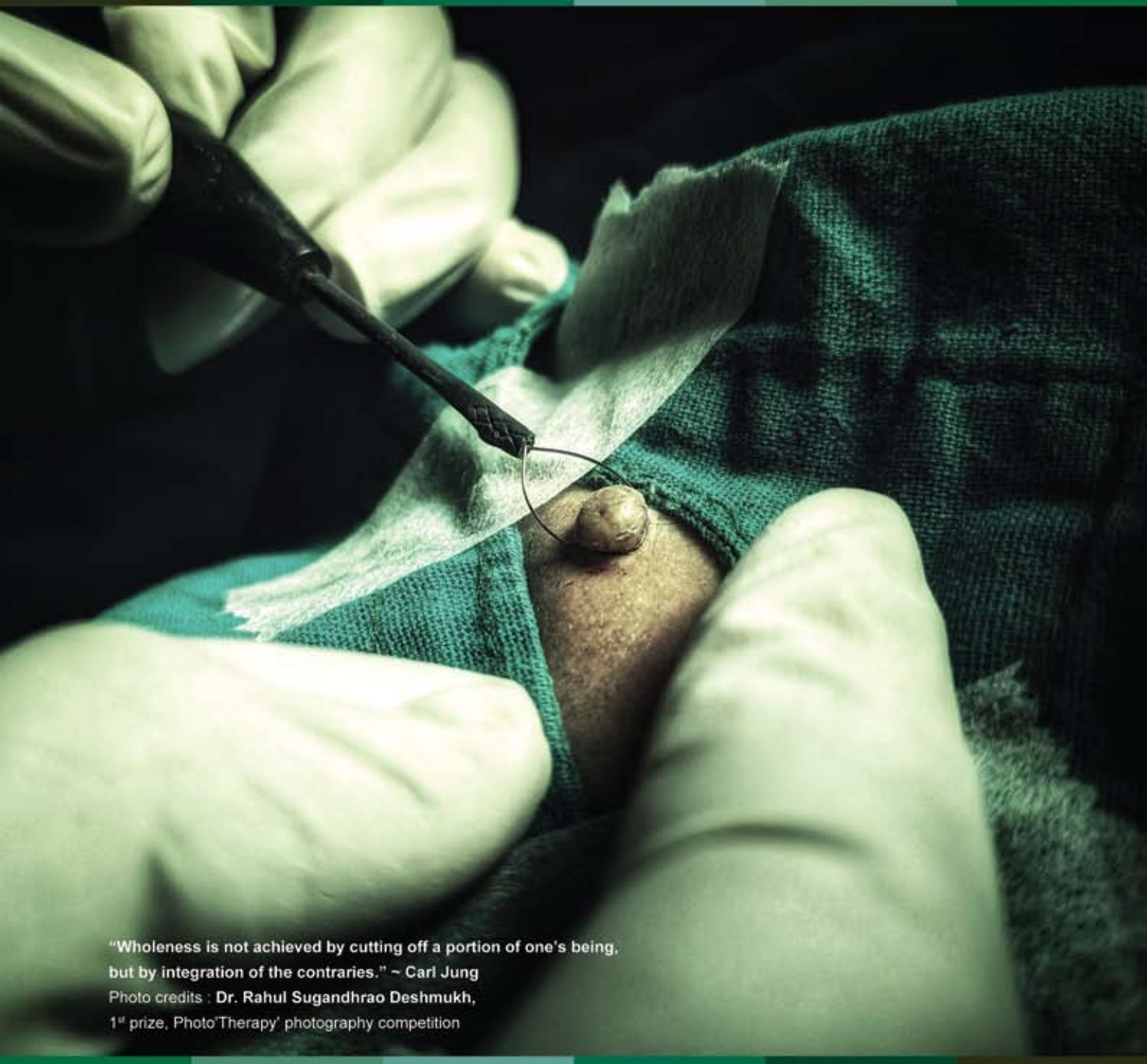
ACS(I) for You(th)

Volume 1, Issue 2, August 2023



"Wholeness is not achieved by cutting off a portion of one's being, but by integration of the contraries." ~ Carl Jung

Photo credits : **Dr. Rahul Sugandhrao Deshmukh,**
1st prize, Photo'Therapy' photography competition

A Newsletter for You(th) by the ACS(I) Millennials

INDEX

MESSAGE FROM ACS(I) PRESIDENT

» DR. SHYAMANTA BARUA

The ACS(I) Millenials Newsletter is another initiative of the dynamic team. My congratulations to the Editors - Dr. Komal Agarwal and Dr. Rohan Bhattacharjee - and the entire Editorial Board for another issue of interesting articles and captivating artwork.

The Association of Cutaneous Surgeons (I) constituted the platform of ACS(I) Millenials in 2021 to reach out to the young dermatologists who are in their early years of academics and practice. I am glad that the ACS(I) Millenials have carried on its good work from the inaugural year and have been able to carve a niche for themselves with various innovative programs and initiatives that reflect their passion and dedication.

The live Instagram sessions on various aspects of practice management were beneficial for young dermatologists setting up their clinics and practice. The creative Dermatosurgery photography competition, aptly titled PHOTO-THERAPY, showcased the creativity and photography skills of the young dermatosurgeons. The colourful and attractive comic strips – Dermat Diaries – were well received by all in the fraternity.

The ACS(I) Millenials Newsletter is another initiative of the dynamic team. My congratulations to the Editors – Dr. Komal Agarwal and Dr. Rohan Bhattacharjee – and the entire Editorial Board for another issue of interesting articles and captivating artwork.

My deepest appreciation to this inaugural team of ACS(I) Millenials led by Dr. Saloni Katoch as its Chairperson and Dr. Preethi B Nayak as its Convener. I hope the benchmark of fruitful work initiated by this team will be carried forward so that it shapes up as the driving force of our association in the years ahead.

Dr. Shyamanta Barua
President, ACS(I)

Message from

ACS(I) Secretary General

We are proud of the ACS(I) Millennials team which has put in a lot of hardwork in bringing out this newsletter. The ACS(I) Millennials was formed with an idea to act as a guiding light for the young group of Dermatosurgeons ushering into this current era. We have a dynamic team with members representing different zones from all across the country.

They have been organising interesting and interactive activities throughout the year. We hope that this will benefit all the young Dermatologists out there. I would like to congratulate Dr. Rohan Bhattacharjee and Dr. Komal Agarwal for editing this newsletter. We congratulate the ACS(I) Millennials team led by Dr. Saloni Katoch and Dr. Preethi B Nayak for their efforts and wish the incoming team, the very best for their future endeavours.

Dr. Manas Ranjan Puhan
Secretary General, ACS(I)

Message from

CHAIR & CONVENER, ACS(I) MILLENNIALS

ACS(I) Millennials Committee was formed with a goal to provide a platform for young dermatosurgeons in the world of DERMATOSURGERY & AESTHETIC DERMATOLOGY. As the maiden committee under the guidance of Dr. Shyamanta Barua, President ACS(I) and Dr. Manas Ranjan Puhan, Secretary General, ACS(I), we laid down our mission, goals and objectives. It has been two years and as we near the end of our tenure, we feel both gratitude and nostalgia for being woven into a well thought and progressive endeavour for the generation next of dermatologists.

With the purpose of improving the quality of surgical and procedural Dermatology in the future generation of dermatologists in the country and to improve visibility of our association ACS(I) among the younger members of the Dermatology fraternity, we set on an enthusiastic journey to discover and explore the nuances of learning, skill acquisition and much more in the field of Dermatosurgery and Aesthetic dermatology.

Our tenure focussed on the introduction of the concept of the ACS(I) Millennials along with various activities like live sessions with eminent dermatologists, practice management series, creative photography and innovative video competitions, newsletters to promote young authors, informative comic strips for patient education, an active Instagram account with 1438 followers currently for active interaction with younger dermatologists, surveys to identify areas where young doctors need more training and solutions that can be effectively used to fill gaps in skill acquisition at the post graduate level. We are in the process of publishing the findings of our survey for a better understanding of the challenges faced in teaching of Dermatosurgery and Aesthetic dermatology at the student level, its impact on practice and the constructive actions that we can take to address these areas of concern.

This second issue of ACS(I) for You(th) newsletter encompasses the essence of our core activities and is being curated by Dr. Komal Agarwal and Dr. Rohan Bhattacharjee at its helm. We hope you learn from the articles and enjoy the dash of creativity added to it. We would like to thank all the authors for their contribution towards this newsletter. A special word of gratitude for Mr. Shridhar for the aesthetic design and layout.

Our heartfelt gratitude to Dr. Shyamanta Barua, President ,ACS(I) and Dr. Manas Ranjan Puhan, Secretary General, ACS(I) for always guiding and supporting us in all our endeavours. We thank the ACS(I) executive committee for their constant encouragement. We hope that the incoming team embarks on their voyage with vigour and zeal. We wish them, the very best. With a sense of pride and satisfaction, we bid adieu and lay down the path for the future generation of the ACS(I) millennials to follow and tread upon. Please do follow our Instagram handle acsi_insta for constant updates. We hope that you have learnt and grown with our efforts and endeavours. Thank you.

Have a great read!

Signing off…

Dr. Saloni Katoch
Chairperson,
ACS(I) MILLENNIALS

Dr Preethi B. Nayak
Convener,
ACS(I) MILLENNIALS

Editorial

It gives us immense pleasure in bringing out the second issue of ACS(I) for You(th), a newsletter for and by you. My heartfelt gratitude to Dr. Shyamanta Barua, Dr. Manas Ranjan Puhan, Dr. Saloni Katoch and Dr. Preethi B Nayak for their unwavering support and encouragement. A big round of applause to my learned co-editor, Dr. Komal Agarwal for her meticulous efforts in bringing out this issue.

In this issue we bring a plethora of knowledge and fun filled content for everyone to enjoy. We hope all of you have a great time reading this issue.

Heartfelt thanks to all the authors who contributed to this issue.

With warm regards,

Dr. Rohan Bhattacharjee
Editor, ACSI for You(th)

Editorial

Hello everyone,

It gives us immense joy to bring to you the second issue of ACS(I) for You(th), a newsletter for and by you. My heartfelt gratitude to Dr.Shyamanta Barua, Dr.Manas Ranjan Puhan, Dr.Saloni Katoch and Dr.Preethi B Nayak for their unwavering support and encouragement. A sincere thanks to my wonderful co-editor, Dr.Rohan Bhattacharjee.

In this issue we bring forth a mixed bag of articles ranging from practical pearls and tips to set up a dermatosurgery clinic to a quick and concise overview of dermatosurgery instruments. Scientific content is interspersed with some beautiful photographs from the Dermatosurgery photography competition. We have also included some educational comic strips to facilitate easy reading.

Heartfelt thanks to all the authors who contributed to this issue. Hope you will enjoy reading the newsletter. Happy reading!

With warm regards,

Dr. Komal Agarwal
Editor, ACSI for You(th)

ACS(I) MILLENNIALS COMMITTEE REPORT 2022-2023

As the curtains draw to a close for the first ACS(I) Millenials committee, we feel a deep sense of gratitude and fulfillment for being able to engage and bring to the forefront the younger generation of cutaneous surgeons in the country.

This committee is a novel initiative crafted under the vision of ACS(I) President Dr. Shyamanta Barua and Secretary General Dr. Manas Ranjan Puhan. It is one of a kind endeavour under ACS(I), a forum exclusively for young cutaneous surgeons under the age of 40 years. ACS(I) Millennials aims at empowering the youth in dermatosurgery and cosmetic dermatology by providing them a platform to get involved in ACS(I) activities from the very beginning of their career. The committee was started under the able leadership of Chairperson Dr. Saloni Katoch and Convener Dr. Preethi B Nayak. The young army of ACS(I) millennials include members from all across the country namely Dr. Atoka Sumi, Dr. Atul Bothra, Dr. Deepak Jakhar, Dr. Dhanraj Chavan, Dr. Jeet Gandhi, Dr. Komal Agarwal, Dr. Rohan Bhattacharjee, Dr. Sujala S Aradhya and Dr. Sunmeet Sandhu. ACS(I) millennials have striven hard each and every day to reach out to the young cutaneous surgeons throughout India.

The programs conducted under the ACS(I) millennials in their second year of service from August 2022 to August 2023 are as follows :

1. The Practice Management live broadcast series :

Live sessions were conducted on Instagram with senior faculty and experts for guiding and motivating young dermatologists' setting up their clinics and practice. The sessions covered various practical aspects of practice management ranging from finances to clinic management, work-life balance to setting up a practice, marketing to acquiring skills etc. The topics that were discussed were as follows:

a) 'How to set up an Aesthetic Dermatology practice in a tier 1 city - Pearls and my experience' : The first session in the practice management series was conducted on 11th November 2022 with Dr. Ishad Aggarwal as the esteemed guest and Dr. Saloni Katoch as the host.

b) 'How to set up an Aesthetic Dermatology and Dermatosurgery practice in tier 2 and 3 cities - Pearls and my experience' : The second session was conducted on 27th November 2022 with Dr. Jagjeet Sethi as our guest of honour. The session was hosted by Dr. Atul Bothra.

c) 'Setting up an Aesthetic Dermatology and Dermatosurgery clinic - Practical aspects and requirements' : The third session in the series was conducted on 11th December 2022 with Dr. Govind Mittal as our esteemed guest. Dr. Arunima Ray hosted the session.

d) 'Clinic Management' : The fourth session went live on 20th January 2023 with our honourable guest, Dr. Aseem Sharma. Dr. Dhanraj Chavan hosted this session.

e) 'Financial Management': The fifth session of the practice management series was conducted on 2nd February 2023 with our esteemed guest, Dr. Meenaz Khoja. The session was hosted by Dr. Soumya Alice Mathew.

f) The Grand Finale of the Practice Management series was held on 12th February 2023 with our guest of honour, Dr. Anil Abraham and host, Dr. Preethi B Nayak on 'Dermatology. Success. Money. Yeh Dil maange more...'

2. 'PHOTO-THERAPY' - A creative Dermatosurgery photography competition

A Dermsurg photography competition was conducted for the ACS(I) members to highlight their creativity and photography skills in routine cutaneous procedures. The theme of the competition was " A day in a dermatosurgeon's life" with 30th April 2023 as the submission deadline. Each participant was allowed to submit two images. The competition was judged by a panel of two judges, Dr. Aseem Sharma and Dr. Feroze Kaliyadan. The photographs were judged on composition, contrast/colour, creativity, lighting, finishing, focus and overall impression. This competition was coordinated by Dr. Kinnor Das. The prize winners were as follows:

a) Dr. Rahul Sugandhrao Deshmukh won the 1st and the 2nd place

b) Dr. Milan Jhavar won the 3rd place

The winning photographs were featured on our official Instagram account acsi_insta and were awarded certificates and cash prizes. These images have also been featured in the ACS(I) Millenials newsletter.

3. ACS(I) millennials Newsletter

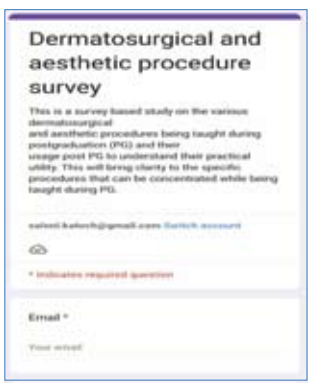
The first issue of ACS(I) for You(th) was recieved well. The second issue of ACS(I) millennials newsletter is in the making with Dr. Komal Agarwal and Dr. Rohan Bhattacharjee as the editors. With a compendium of interesting articles and creative artwork, the newsletter will surely captivate one's intellect and imagination. Our heartfelt gratitude to the editors, committee members, authors and the layout designer, Mr. Shridhar for their dedication towards this endeavour.

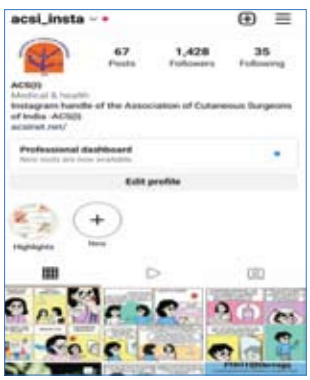
4. ACS(I) millennials Comic strips - The Dermat Diaries

Taking patient education to the next level are these colourful and attractive cartoon strips by Dr. Gitika Sanodia. These educative comic strips are being uploaded on our social media platforms on a regular basis and can be shared with patients and doctors alike. Dr. Gitika has contributed numerous comic strips under the name, ' The Dermat Diaries', so far. These are brief, easy to understand, to the point and very knowledgeable.

5. Surveys and Research

In October 2022, a survey study on 'Dermatosurgical and Aesthetic procedures taught during post graduation and their utility in practice' was conducted. Dr. Sunmeet Sandhu headed this project and was instrumental in drafting of the survey. The questionnaire was divided into two parts for ease of understanding (Aesthetic dermatology and Dermatosurgery). We requested dermatologists who had finished their post graduation after 2010 to fill this questionnaire, which was circulated on online platforms like WhatsApp and Facebook. The findings of the same have been drafted and will be submitted for publication. This will help in better understanding of needs and requirements of procedural skill enhancement and learning in young dermatologists. This will also help in identifying lacunae in training and skill acquisition for Dermatologists in early years of practice. Identifying potential problem areas will help in better understanding and devising of workshops for this age group of doctors.





6. An active Instagram account

We are proud and take this opportunity to announce that we currently have 1428 followers on our official Instagram handle. We actively post educative content, have live sessions and engage with our followers via messages. Some queries regarding ACS(I) observerships, membership etc were also addressed with referral to the concerned authority. We at ACS(I) millennials believe that, this is just the

beginning of a revolution and there is much more to come.

We would like to take this opportunity to thank the ACS(I) executive, our team members and each and every person who has helped and supported us. Our heartfelt gratitude to Shyamanta Barua sir, Manas Puhan sir, all our senior members and colleagues who have guided and provided us, with all that we needed, to create a forum, in order to voice the thoughts and opinions of young cutaneous surgeons of the country. As we complete our tenure, we wish the incoming team of the ACS(I) Millenials the very best and hope that the committee continues to engage with the generation next in innovative, educative and trailblazing ways.

Dr. Saloni Katoch
Chairperson,
ACS(I) MILLENNIALS

Dr. Preethi B Nayak
Convener,
ACS(I) Millennials

Dermatosurgery in India

Dr. Sujala S Aradhya in conversation with Prof. (Dr) S. Sacchidanand

Dr. S. Sacchidanand
Executive Director, SMCRI,
Tumakuru
Former VC, RGUHS
Former Dean cum Director, BMCRI
Former Prof & HOD, BMCRI

Dr. S Sacchidanand is a well-known teacher and academician. He's been the organiser of multiple conferences. Dr. Sacchidanand is the former Professor and HOD, Dept. of Dermatology, Bangalore Medical College & Research Institute (BMCRI). He was also the Dean cum Director, BMCRI; DME, Govt. of Karnataka; Registrar (Evaluation) for 2 terms & the Vice Chancellor of Rajiv Gandhi University of Health Sciences (RGUHS), one of the biggest health universities in India.

Sir has also held posts in various national associations. Sir has been the Past President for Association of Cutaneous Surgeons of India (ACS(I)). Sir is also a past Honorary General Secretary & President of Indian Association of Dermatologists, Venereologists & Leprologists (IADVL). He was the founder President of Association of Facial Aestheticians & Aesthetic Surgeons of India (AFAASI) as well as Community Dermatology Society, India (CDS).

Dr. Sacchidanand has been a pioneer in starting university recognised fellowship courses at BMCRI, Bangalore. The department of Dermatology at BMCRI now has fellowship courses in Dermatosurgery, Aesthetic Dermatology, Paediatric Dermatology, Trichology & Dermatopathology – the only Dermatology department, probably all over the world, to offer all 5 fellowship courses under one roof till date.

Sir has been a recipient of various awards, to name a few – Dr. B C Roy award, Nada Prabhu Kempegowda award, IADVL Lifetime Achievement awards, Dr. K C Kandhari award, Mother Teresa award, Best Teacher award & so on. He has more than 123 publications. He has organised about 30 conferences, both at national & international levels. Sir has also authored & has been the Editor for more than 20 books, & is the Editor-in-Chief of IADVL Textbook of Dermatology, both 4th & 5th editions. Sir also has a few chapters to his credit in the ACS(I) Textbook of Dermatosurgery, both 3rd & 4th editions.

Dr. Sujala S Aradhya (Dr. SSA) : I welcome you sir, & thank you for giving your valuable time for this interview.

Dr. S Sacchidanand (Dr. SS) : Thank you Dr. Sujala for that nice introduction.

Dr. SSA : Sir, to begin with, can you dwell into the history of dermatosurgery in India?

Dr. SS : Well, any topic should start with history – dermatosurgery is as old as dermatology itself. However in India, I think I can trace the history from 1980s onwards. It was not taught formally in any medical college or institute at that point of time. Though dermatosurgery was existing across the world elsewhere, in India it took a little while. It was started from a person whom I can call as Father of Dermatosurgery in India, Dr. P N Behl. As early as 1980s, Dr. P N Behl had started the Skin Institute & School of Dermatology at New Delhi, where dermatosurgery was offered to patients with certain cutaneous conditions. He always believed that he had to offer something more to his patients – some procedure with or without the use of medicines. He was very open and used to encourage young dermatologists to learn. I too had been to the institute during early 1990s & learned basics of dermatosurgery from him.

At this point of time, I came to know that dermatosurgery in India was still in its infancy & that there were very few individuals who had taken to dermatosurgery. If I can name a few, I should start with Dr. Satish S Savant from Mumbai, who is a very astute Dermatosurgeon, a good clinician & he has pioneered many procedures. Initially he was practicing dermatosurgery in Mumbai. Maybe the IADVL National conferences & few other associations conducted at that time, encouraged Dr. Sathish S Savant to come forward and present his work. Many young practitioners like me were very impressed with the way he was conducting the procedures, & that I think probably gave birth to many more dermatosurgeons across India.

To name a few more around the same time, Dr. Subrata Malakar in Kolkata, Dr. V P Kaushik in New Delhi, Dr. Manjot Singh Marwah in Mumbai, Dr. Narendra Patwardhan & Dr. Sharad Mutalik in Pune, Dr. Ravichandran G in Chennai and many others. They were all doing dermatosurgeries on their own, but there was no concerted efforts of meeting & continuing their work forward together.

I think it was in during the Dermacon at Manipal, Dr. C R Srinivas, Dr. Krupa Shankar D S, Dr. Srinivas Murthy K and others thought that we should have an association for dermatosurgery in India. It gave birth to the Association of Dermatosurgeons of India (ADSI). Right at the same time, Dr. Subrata Malakar had initiated Indian Academy of Cutaneous Surgeons (IACS). These 2 associations were functioning independently, but in 2000, it was decided that since both these organizations had common goals, they should merge. This is how, Association of Cutaneous Surgeons of India (ACSI) was born. A stage was set for Dermatosurgery to take off from there & it is now a very flourishing branch across India.

Dr. SSA : Thank you for summarizing the history of dermatosurgery. Sir you are an inspiration for many dermatologists like me. What are the opportunities currently available for the young dermatology consultants after they complete their postgraduation?

Dr. SS : Once a postgraduate procures MD or DVD degree, he/she have many ample opportunities to shape their career. It all depends on what they want to become in their future. We now have many subspecialties – Dermatosurgery, Aesthetic dermatology, Paediatric dermatology, Trichology, Allergy and immunology & Dermatopathology. A young dermatologist has to choose the centre where he/ she wants to learn the nuances of dermatosurgery or aesthetic dermatology. There are many different opportunities for youngsters nowadays.

Dr. SSA : Sir you have been a pioneer in starting the fellowship courses in dermatology. Can you take us through this journey of yours – what motivated you to start these fellowship courses?

Dr. SS : Initially I wanted to be a surgeon, but

circumstances led me to choose dermatology. But once I had chosen dermatology, I thought I should contribute something to the subject & to its growth. It made me explore the opportunities that were available & the only options I could think of were dermatosurgery & aesthetic dermatology. At that point of time I was climbing up the administrative ladder, earlier as Head of the department at BMCRI and later as Registrar (Evaluation) at RGUHS. That is when I could start fellowship programs which could be offered as university programs. At that point of time, Medical Council of India was not too keen – it was offering PG MD & diploma courses. This further encouraged me to start dermatosurgery & aesthetic dermatology in BMCRI, Bengaluru.

But the need for dermatosurgery or other fellowships was never understood by any of those persons who were the authorities at that point of time. They were just, you know, flabbergasted when I proposed this. They were not aware that dermatology also had surgical component in it. They were very naïve & reluctant to accept the fact that dermatosurgery existed as a subspeciality elsewhere. Of course I had to run from pillar to post at RGUHS for almost 2-3 years to convince them during very many different occasions, with proof such as published journal articles on dermatosurgery. After many such similar efforts and with perseverance and persuasion, you know, slowly they yielded & finally RGUHS accepted. The first ever dermatosurgery fellowship was offered in June 2006, followed by aesthetic dermatology in 2008, paediatric dermatology in 2009, trichology in 2018 & dermatopathology in 2020 – all by the department of Dermatology, BMCRI. All of this is history now & I am happy that we now have similar fellowships offered by many different centers across India.

Dr. SSA : Thank you sir for sharing your experience. So can you tell us what ACS(I) does for the betterment of dermatosurgery?

Dr. SS : ACS(I) has been on the forefront to make dermatosurgery reach the mass. ACSICON the national annual conference focuses only on dermatosurgical procedures & their recent updates. ACSIZONE is conducted regionally. CMEs & Workshops are conducted frequently where procedures are demonstrated (live &/ or recorded). ACS(I) is taking dermatosurgery to smaller cities & remote corners of India. ACS(I) also provides 1 month observership opportunities for youngsters, to learn from well-trained senior dermatosurgeons.

Dr. SSA : Thank you sir. Sir, do you feel pursuing fellowship is a must in the today's practice?

Dr. SS : Yes, that's a good question. To become a MD DVL graduate a student takes a minimum of 10 years. By this time they would want to settle down in their career.

Fellowships are currently offered as skill development programs and they give a direction to their career. It is not compulsory to do a fellowship program. It definitely depends on the individual dermatologists.

But I would like to mention that the standard books such as IADVL Textbook of Dermatology & ACS(I) Textbook of Dermatosurgery have included all types of cutaneous procedures. MCI (now NMC) also has now made it compulsory to conduct basic dermatosurgery including nail surgeries. This way some dermatosurgical procedures have been included in the MD curriculum & dermatosurgical units have been set up in many medical colleges across India. All of these have indeed given a boost to dermatosurgery in India.

Dr. SSA : Thank you Sir. We are now seeing dermatosurgery grow by leaps & bounds. So what do you see in the future?

Dr. SS : That's a very good question Dr. Sujala. As a person who is very passionate about dermatology & dermatosurgery in India, I dream & hope that one

day dermatosurgery branch itself would grow in such a big way & become a super-speciality by itself.

Medicine always keeps growing with more research, advances, & newer techniques. Dermatosurgery is not an exception, it has grown to a great extent. Now dermatosurgeons are performing surgeries like hair transplantation, vitiligo surgeries, flap surgeries & onco-surgeries. The future is very bright, dermatosurgery is here to stay & I wish one day that dermatosurgery, aesthetic dermatology & few other subspecialties of dermatology would become DM & MCH super specialities by themselves.

Dr. SSA : Thank you sir. It is my proud privilege & an honour for me to interview my father, my idol & my role model. Sir can you kindly give a concluding message to the younger doctors who want to pursue dermatosurgery & wish to set up dermatosurgery practice?

Dr. SS : The youngsters should always be inquisitive & curious to learn more. I am aware that the departments of dermatology at various medical colleges have already started operation theatres & are doing many dermatosurgeries. But to develop that skill, to become a dermatosurgeon, it would be better if they pursue fellowship programs of one to one and a half year duration which are being offered across the country in various medical colleges & private institutes. This opportunity they should seize & learn the nuances of dermatosurgery. With this I thank ACS(I) EC & ACS(I) Millennials for the lovely interview.

Dr. SSA : Thank you very much sir for giving your valuable inputs & sharing your experience with us. I am sure many young dermatologists have gained a lot from your inputs. I thank ACS(I) EC & ACS(I) Millennials for this opportunity to conduct this interview.

Dr. Sujala Sacchidanand Aradhya
Member, ACS(I) Millennials
Chairperson, IADVL Yuva Cell
CC Member, IADVL Karnataka
Consultant Dermatologist & Dermatosurgeon

Treating Post-LASER PIH in Skin of Colour

Post-inflammatory hyperpigmentation (PIH) is an acquired hyperpigmented state most commonly affecting the skin of colour (Fitzpatrick skin type 4-6). It can happen due to various inflammatory insults to the skin, including infections, allergic reactions, trauma, burn, friction, post-procedures like lasers etc. It is not only a cosmetic concern for the patient but also has a psychosocial impact on them. Thus, the management of this PIH is essential to know in our day-to-day practice.

Regarding PIH occurring post procedures like Lasers, it is stressful for the patient and the treating dermatologist. So we as dermatologists need to be oriented about these complications and their management for satisfactory outcomes.

In my experience of managing post-laser PIH, the combination of laser toning and chemical peels in the same session gives excellent results. The management includes doing 2-3 passes of laser toning immediately followed by a superficial peel, preferably containing depigmenting agents like Kojic acid in low concentrations.

We need to watch for redness or irritation over the treated area. Post this treatment, home-based depigmenting creams give additional benefits and quicker results in reducing the pigmentation. It takes 3-4 sessions of this combination treatment at three weeks to show positive results. Side effects most commonly noted are a mild and transient tingling sensation.

And as prevention is better than cure, let's also know the various things which can be done pre, during and post-procedure to reduce the chances of occurrence of PIH. Pre and post-procedure use of depigmenting creams and adequate sun protection are always beneficial.

If we see much inflammation (redness, swelling) at the laser treatment sites, using corticosteroid creams post-procedure becomes particularly important. Choosing the treatment parameters as per the condition being treated, and not being too aggressive in our parameters when it comes to treating the skin of colour also needs to be kept in mind. Also, during laser doing basic cooling procedures which reduce the epidermal heating like icing of the area decreases the chances of PIH.

Dr. Anmol Sodhi
Consultant Dermatologist,
Bodycraft Clinic, Mumbai

"Setting up an Aesthetic Dermatology and Dermatosurgery Clinic" : Practical Aspects and Requirements

Dr. Govind Mittal
MBBS, MD-DVL, FRGUHS
Consultant Dermatologist, Dermatosurgeon, Hair Transplant Surgeon & Aesthetic Dermatologist (and Founder) at Therapeia Skin Hair and ENT Centre, Basavanagudi.

Dr. Arunima Ray
MBBS, MD (DVL)
Fellowship in Dermatosurgery (CMC Vellore), Senior Residency (CMC Vellore)
Presently, SR Dermatology at KPC Medical College.

The following is a lightly edited transcript of an informative Q and A session hosted by the ACS(I) Millenials as a part of Practice Management series on relevant discussions on real-world advice and suggestions for the challenges of setting up and operating a dermatosurgery based practice. This particular session was conducted on 11th December 2022 with invited guest Dr. Govind Mittal MD DVL (CMC Vellore), Fellowship Dermatosurgery (Bangalore Medical College, RGUHS), Fellowship Lasers (Mahidol University, Thailand), Founder of Therapeia Skin, Hair and ENT Centre, Bangalore.

Dr. Arunima Ray, SR, Department of Dermatology, CMC Vellore and PG Convener, ACSI Gen Z, hosted the session. As follows are some of the most pertinent takeaways and pearls from a lucid and informative session.

Q : How should a young dermatologist proceed just after finishing their residency, if they intend to establish a dermatosurgery based practice?

A : It depends on the exposure you have had during your postgraduate training. Based on the confidence you have acquired with this experience, you will able to perform these procedures independently without anxiety. Do not be in a hurry about setting up in a dermatosurgery practice. Take time to associate yourself to a senior or an organisation with skills that you would like to gain. Additionally learn about soft skills, the day to day management of a practice.

Q : Points to focus on while choosing a location for the clinic.

A : A location that is easily accessible, with reasonable rent and in an area where there is demand for your procedures and services, with geographical proximity. Smaller factors like parking facility is also important. You may need to create awareness also about your treatment facilities. All ideal factors may not exist. It depends on individuals, what is a priority

to them and what kind of practice they want to run. Principles of opening a clinic will also depend on the type of the city.

Q : Minimum floor area required to setup a clinic - at the start and as we expand.

A : Depends on the investment capacity. If you want a setup with all the lasers and multiple procedure rooms, then you will ned 2000-3000 sq.ft. Ideally, have 2-3 consultation rooms and 2-3 procedure rooms. Other sections include waiting area, adequate restrooms. Ideally, a hair transplant OT should be 10 ft x 14 ft, to accommodate trolleys and shelves. Smaller procedures like chemical peeling and botox, can be done in a 9 ft x 9 ft room. A pre-procedure room is very required. Avoid crowding in the waiting room area. This room can also be used for formalities such as consent taking and discussion of expenses.

Q : Lighting and beds required in procedure room or OT.

A : Bright lighting is required for dermatosurgical procedures. OT lights with multiple adjustable lights, are ideal. For clinics, especially with false ceilings, LED lights are better, since bracket tube lights can cast shadows. Hair transplant beds (2.5-3 ft wide), though comfortable, may occupy a lot of space in the procedure room. However, because of their bulkiness they may be too large for smaller procedures. I have the hair transplant bed in my larger operating room, in the smaller procedure rooms I have a manual hydraulic bed, with adjustable head end. It is reasonably priced.

Q : Disinfection of the instruments.

A : Standard fumigation is available with fumigation machines, and glutaraldehyde based solutions are approved. Formalin fumigation is not advisable, since it is toxic. Bacillocid solution is used at our clinic, and the required concentration of solutions for different parts of the clinic is provided. Fumigation is done one night before a major surgery. Otherwise, the clinic is fumigated once weekly including the consultation room.

Q : What are the first few lasers we should invest in? Do we need to keep the lasers in a smaller room?

A : If you have required capital, you can invest in Laser Hair Reduction laser, and a Fractional CO2 or Erbium laser (scar removal laser), followed by a Q-switched Nd YAG laser. Though a Q-switched Nd YAG laser has multiple applications, the demand for Laser Hair Reduction is more in Tier 1 cities.

The best workhorse for any practice is a good Electrocautery/RadioFrequency machine.

You can keep the lasers in the same room, depending on how much space you have. However, this becomes a problem if more than 2 patients come for the laser at the same time, hence they have to be scheduled accordingly.

Q : For laser hair reduction - is NdYAG the better option or IPL laser?

A : I have never used IPL Laser personally. I am unable to comment about the same. Long pulse NdYAG is a good tool, if you know how and where to use the correct settings. Diode is a good laser, which is much better, much safer and cheaper. If you can buy 2 machines, do get a diode also.

Q : Would you recommend a separate room for photographic documentation?

A : If you have the time to take a photograph, or if you can train your staff to take the photograph, depending on your convenience you may get it. Personally, for convenience I have a fixed wall in my consultation room where I ask the patient to stand and take the photos on my phone accordingly. Additionally, I take the patient details to record the consultation details including name/date/time.

Q : Can we dispense limited medicines from the clinic or do we need to have an in-house pharmacy?

A : There is varying information out there regarding dispensing of medicines and their limitations with a Karnataka Medical Council number. If you are a person who is sure of growing in one place, take another

120 sq ft, and make a dedicated pharmacy area. It is of benefit to the patient since they are happiest when they are able to finish a consultation and get the medicines immediately. Few patients may want to buy medications near their home, and online for some reasons. However, most patients would find it a service if they could procure medicines immediately.

Q : Do you use a particular software for your patient data?

A : I have used clinic management software from the first day of my practice. It makes things easier and organised. Being in CMC, from the first day of my training, I am used to medical records being available so it becomes difficult to see patients without data availability. Most patients in dermatology are chronic and have repeated visits, and hence keeping medical records is necessary. When I was visiting multiple centres, I had to maintain data in an app on the phone. It helps the patients also. It helped me solve a lot of medical mysteries too. Additionally, the patients are very grateful for the same.

I may not be able to recommend any particular app. I have used 16 applications till now. I am presently using Kiwi health, but this is not a sponsored suggestion. However, it makes it easy for me to generate prescriptions and work with patients even from my phone or laptop.

Q : What would you recommend as a method of advertising in private practice?

A : Best method of advertisement is to be good with your work, be sincere with your work. Use all the principles you have learned about being a doctor and a dermatologist. Word of mouth is one of the best ways. Newspaper inserts - expensive and may not worth it. Radio - expensive. Social media if you can manage, they are free - if you can use it yourself - engage patients with genuine, informative content. Apps like practo are good for doctors who want to start off, though expensive it is helpful since a lot of people in cities are looking for doctors online. Utilise Google My Business page, which you should start 10-15 days before you start your practice. Build on this page, and add whatever you add on social media also on the Google My Business page. It is very organic too. Without spending any money, our centre ranks in the top 10 clinics in Bangalore. Additionally, do use Whatsapp status.

Q : How do you tide over the first few months-years of financial instability after starting a clinic? What precautionary advice would you give - regarding time, energy and finances?

A : Time, energy and finances - are the three variables that matter in life. As you start off, you have more time and energy. As your start off, your practice needs you, give it your time and energy. Give your time to your patients. Give them the reassurance that you are there with them, come what may. I share my phone number even today, especially if they have undergone procedures to let them know that I am there if there is any complication. And especially on a Saturday, because on a Sunday the front desk is not available. Be there and build their trust.

For the lasers, be slow in your investment and start one by one. If you have capital, you can go all out. Manage your finances well and decide your fixed expenses. Every month, you have certain rent, salaries, electricity, water, garbage disposal and even the small consumables. Additionally, you need expenses for repair, depending on lights and marketing. There are marketing expenses to the Social Media expense and website expense. Before your clinic opens, chalk out the expenses and see the number of patients you will be seeing daily. I started clinic 4 years after visiting as a consultant at several centres, so I had an idea regarding the number of patients I would see, so I could accordingly chalk out the same, alongwith a savings plan.

Q : How do you counsel unsatisfied patients with chronic problems especially aesthetic procedures?

A : During my consultation, I assess my patients

carefully and notice the red flags about how likely they are to be unsatisfied with the problem. Depending on this, I decide whether to say yes or no. I have a strong method of saying no if I think the patient will not be satisfied. A lot of patient counselling is needed and we need to counsel the patient and recruit accordingly. Underpromise and overdeliver - do not give rosy ideas about the outcome, because that is a wrong promise to make to the patient. I do a lot of PRP but I also say no to a lot of patients who do not need PRP, just because they have read it. There will not be any actual photographic improvement with the same. A lot of patients, do come to us because of other reasons for social acceptance, and underlying issues. Spend time with your patients for understanding these factors. Do unto your patients as you would do unto yourself.

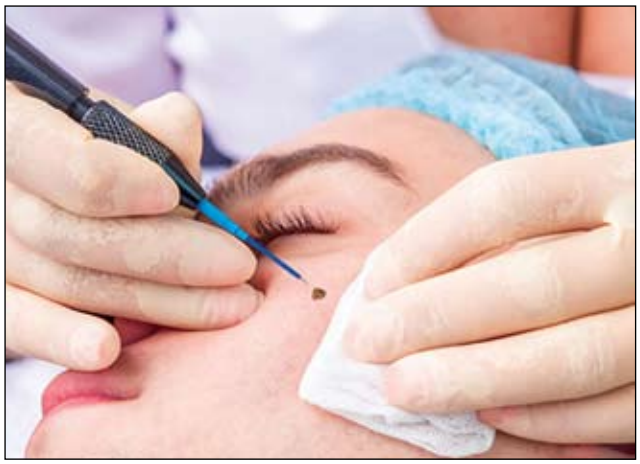
Q : Words of advice and encouragement.

A : Be confident, give yourself time. Rome was not built in a day. Do not worry about other people's clinics. Earn your patient's trust and that will build your practice and clinic. Work with other dermatologists in understanding how to counsel patients and approach them in private practice. Work with someone to guide you in your initial years. In your medical college you are shielded, and it's different in private practice. Take ownership of your clinical decisions and the reasons behind your treatment. These decisions should not be based on the revenue that the procedure is generating, it should be based on science and ethics. Start slow and grow steadily. "Still achieving, still pursuing, learn to labor and to wait…" as HW Longfellow said.

At the end of this interview transcript, where we were grateful to Dr. Govind Mittal for sharing his valuable insights and experiences, we can summarise our learning in the following take-home points :

- After finishing residency, young dermatologists should take time to associate themselves with a senior or an organization to gain skills and learn about soft skills and practice management.
- The area and facilities required depends on investment capacity and the type of procedures to be performed.
- Bright lighting is necessary for dermatosurgical procedures and this maybe possible with certain kinds of OT lights.
- Recommended initial lasers to invest in include Laser Hair Reduction, Fractional CO2 or Erbium lasers for scar removal, and Q-switched Nd YAG laser. A good Electrocautery/RadioFrequency machine is valuable.
- Limited medicines can be dispensed from the clinic, but having a dedicated pharmacy area is beneficial for patient convenience. Consider legal limitations and patient preferences.
- Using clinic management software for patient data organization is highly recommended.
- Word of mouth is an effective advertising method, along with utilizing social media, Google My Business page, and apps like Practo. Newspaper inserts and radio advertisements can be expensive.
- To overcome financial instability in the first few months/years, dedicate time and energy to the practice, build patient trust, and manage finances wisely. Slowly invest in lasers and plan fixed and variable expenses.
- Counseling unsatisfied patients requires careful assessment during consultation, setting realistic expectations, and avoiding false promises. Spend time in understanding patients' motivations and concerns.

BASIC DERMATOSURGERY INSTRUMENTS



INTRODUCTION :

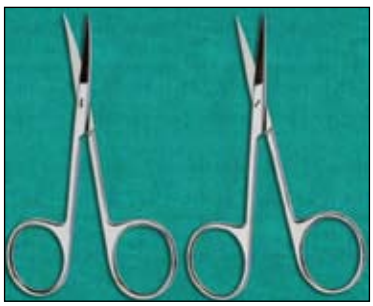
Surgical instruments are tools which help us to carry out various surgeries with precision and safety. These instruments can be broadly divided into two categories (a) those basic instruments used for general surgery like scalpel, scissors, forceps and needle holder (b) those specific instruments used for more complex procedures like instruments for some vitiligo surgery, nail surgery, hair transplantation etc. Surgeon should be very careful in selection of instruments for surgery as faulty instruments can lead to complications.

1. SCISSORS :

- Serrations are added to one blade of scissor to avoid slipping while cutting
- Curved scissors offer more visibility and directional mobility
- Straight scissors have mechanical advantage while cutting tough tissues
- Short handled scissors - used for fine work
- Long handled scissors - used to reach out deeper areas such as cavities
- Straight sharp-tipped scissors - for tough fibrotic tissues
- Straight blade scissors - for trimming flaps
- Beveled or sharper outer-edged scissors - for tissue dissection
- How to hold scissors - the grip is properly achieved by putting ring finger and thumb through the rings of the scissors and index finger place near fulcrum on the shanks

Types of scissors :

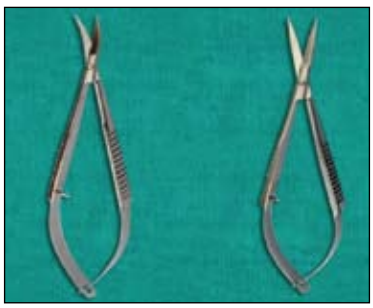
a) Iris scissors



Iris scissors

- Short tipped
- Use-Dissection and cutting

b) Castroviejo's spring scissor



Castroviejo's spring scissor

- Used for fine work

c) Mayo's blunt tipped scissor

Mayo's blunt tipped scissor

- Horizontally curved and blunt tipped scissor
- Use - blunt dissection and undermining

d) Spencer's scissor, Littauer scissor and O'Briens scissor (suture cutting scissors)

Spencer's scissor

- For suture removal
- They have concavity which helps in elevating and cutting sutures

2) FORCEPS :

- Used to hold the tissue in place during an operation or during insertion of another surgical instrument into a cavity
- Available in various sizes and shapes
- Non-toothed forceps are preferred over serrated forceps by many surgeons to avoid crushing
- It should he held in the first three fingers as one would hold a pen, using the first three fingers

Types of forceps:

a) Adson's forceps:

Adson's forceps

- Most versatile type
- It has broad handle and narrow teeth
- Suitable for facial surgery and wound closure

b) Bishop Harmon and Castroviejo small forcep:

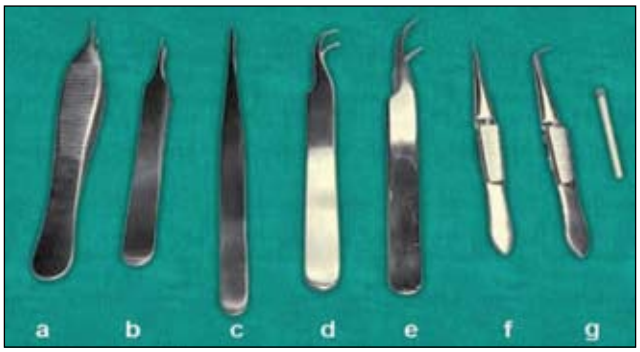
Adson's forceps

- Most versatile type
- It has broad handle and narrow teeth
- Suitable for facial surgery and wound closure

c) Jewelers forcep:

Jewelers forcep

- This is small sized
- Also used for delicate work

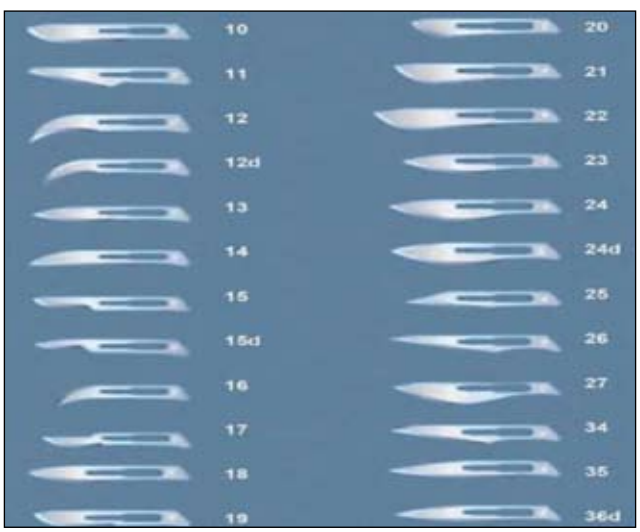


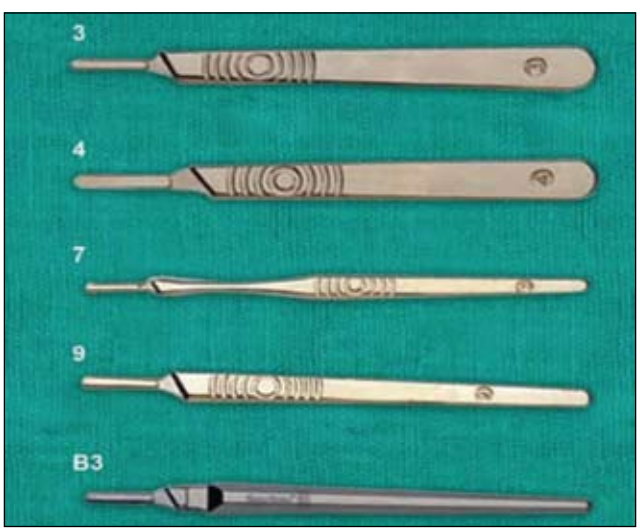
Different types of microsurgical forceps

(a) Jeweler (Adson) forceps;
(b) Anatomic (short-handled) for- ceps;
(c) Long-handled forceps;
(d) Curved-tipped forceps;
(e) Slightly curved-tipped forceps;
(f) Straight invert forceps;
(g)Curved-tipped invert forceps

3) SCAPELS AND BLADES :

- Bard-Parker handles are the ones used in skin surgeries
- Usually, No.3 handle is used
- Both blades and handles are available in various sizes
- Blade no. 15: It is the most commonly used in dermatosurgery and is ideal in performing skin biopsies where incision is less than 5 cm
- Blade no. 15d: It is useful in procedures where incision is less than 5 cm involving delicate areas like face
- Blade no. 11: It has a tapered sharp point and allows precise, vertical and acute angled incisions. It is useful to drain an abscess and to perform a shave biopsy
- Blade no. 10 and 21: They have wide convex belly, and are useful during excision of large lesions, in surgeries involving thick skin, like trunk and scalp, to make incisions longer than 5 cm and in wound debridement
- It should be held like pen with handle resting on anatomical snuffbox.
- Before taking incision stabilize the skin with thumb on one side and fingers other side





- Handle #3: For use with scalpel blades #10, #11, #12 and #15
- Handle #4: For use with scalpel blades #20, #21, #22, #23 and #24
- Handle #7: For use with scalpel blades #10, #11, #12 and#15
- Handle #9: For use with scalpel blades #6, #9, #10, #11, #12, #15 and #16
- Handle # B3: For use with 6, 9, 10, 11, 12, 12D, 13, 14, 15, D/15, 15T, 1

4) NEEDLE HOLDER:

- Parts of simple needle holder – jaws, joint and handles
- It is held by partially inserting thumb and ring finger into the loops of the handle
- Needle should be held just behind its midpoint (approximately at junction of 2/3 and 1/3 portion of the needle)

a) Crile wood needle holder:

Crile wood needle holder

- Crile wood needle holders are long, have blunt tips
- Used for 3-0 or 2-0 suture needles

b) Castroviejo's spring needle holder:

Castroviejo needle holders

- This is small- jawed with a detachable spring handle
- Used for 6-0 or 7-0 suture needles

c) Ryder needle holder:

Ryder needle holders

- Used for 4-0 or 5-0 suture needles.

5) ARTERY FORCEPS / HEMOSTATS:

- Used to control bleeding
- Locking mechanism is used for holding it. It consists of a series of interlocking teeth, a few on each handle that allows the user to adjust the clamping tension of the pliers

a) Artery forcep

Crile wood needle holder

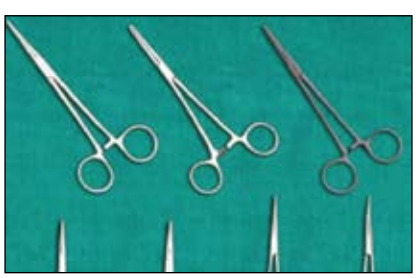
- How to hold artery forcep:
- It is held in similar way to scissors

b) Kocher artery forceps:

Kocher artery forceps

- Kocher type forceps has teeth

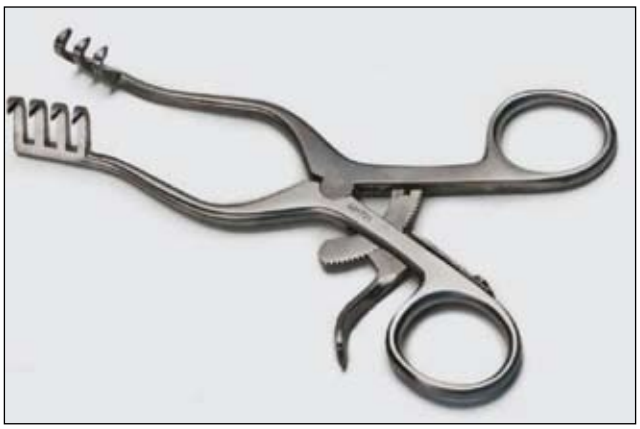
c) Mosquito forceps :



Kocher artery forceps

- These are non-traumatic with straight or curved jaws

5) RETRACTOR :



Skin Retractor

- It is a surgical instrument, by which a surgeon can either actively separate edges of a surgical incision or wound, or can hold back underlying organs and tissues, so that body parts under the incision may be accessed
- Types – double and single hooked with blunt and curved prongs

6) SKIN HOOKS:

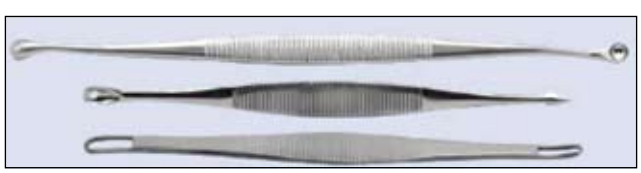
- Scrapping instrument
- Sharpened loop shaped cutting edge present at both ends
- Uses – curettage of benign and malignant cutaneous growth

- Volkmann double ended scoop
- A modification of curette
- Stout handle with spoon shaped extension at the ends
- Extensions maybe round or oval with sharp edges
- Use – scooping abscess cavity, nail surgery, corn enucleation, ulcer debridement

7) MANEKSHA'S MANUAL DERMABRADER:

- It consists of handle with thumb rest and a rectangular plate at the distal end
- The plate has horizontal and vertical arranged sharp teeth
- Various sizes ranging from 3 - 25 mm are available

8) COMEDONE EXTRACTOR:



- It has central handle with two perforated cups at the ends
- Convexity of the cup is held against the comedone while expression of comedone

10) CHALAZION CLAMP:

- It has a forceps-like handle with one distal tip with a flat solid oval plate and another distal tip with a ring-like aperture. The shaft has a thumbscrew
- Use – oral mucosal biopsy, deroofing of mucocele, ear lobe repair, scrotal surgery, nasal lesions on ala nasi

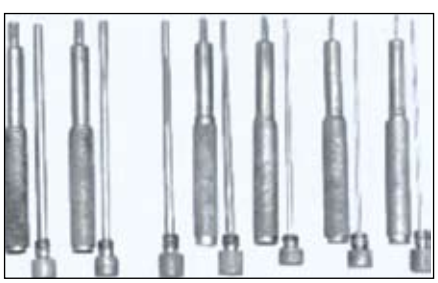
11) NOKOR NEEDLE:

- It is 1.5 inch, 18-gauge needle with a flat pointed end
- Use-subcision, deroofing molluscum contagiosum

12) SKIN BIOPSY PUNCH:

- Circular blade ranging in size from 1 to 8 mm which is attached to a pencil-like handle
- Two types available- reusable metallic punches with plungers and disposable punches
- Uses – skin biopsy, nail biopsy, minipunch grafting in vitiligo surgery
- Most commonly used punch is 3.5 - 4 mm punch

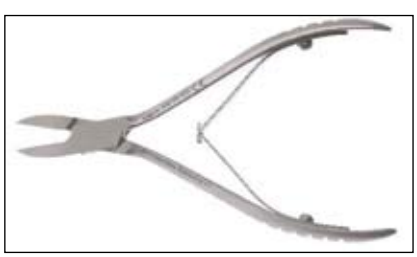
Disposable punches



Reusable metallic punches

13) NAIL SURGERY INSTRUMENTS:

a) NAIL SPLITTER:



- It has triangular shaped anvil opposed by a sharp and flat edge at the end and double spring at the handle
- Use – to cut longitudinal strip of nail plate in partial nail avulsion

b) NAIL SPATULA:

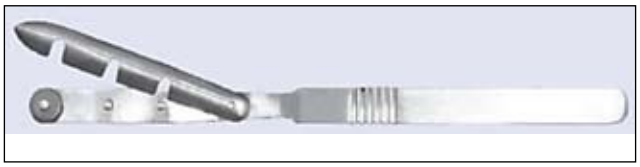
- It is rod shaped /flattened equipment with flat edges
- The tip of flat edges may be modified into different shapes
- Use – lateral and proximal nail fold separation
- It is inserted between proximal and lateral nail fold and nail plate and gently separated by lateral movements

c) FREER SEPTUM ELEVATOR:

- It is rod shaped equipment with thin curved blades
- Use- to loosen distal nail plate from hyponychium

14) VITILIGO SURGERY INSTRUMENTS:

a) RAZOR BLADE HOLDER:



- It is stainless steel holder which can fit in standard razor blades
- Use – to obtain split thickness grafts from the donor site

b) SILVER KNIFE:

- It is stainless steel knife which can fit regular razor blades
- It has screws for adjusting the thickness of the graft to be harvested
- Various modifications are available like Braithwaite, Watson and Cobbett modifications.

c) POWERED DERMATOME:

Humby knife:

- This is mechanical dermatome which use either compressed air/water, DC current or AC current
- Use – to obtain split thickness skin grafts from the donor site
- Different types are available

15) HAIR TRANSPLANT INSTRUMENTS:

- Implanter is used to automate and quicken the process of hair implantation
- In a single move a slit is created and without removing the implanter the graft can be placed

SUMMARY:

Special care should be taken in selection of appropriate instruments for surgery for best post operative results with negligible complications. In addition to following universal precautions, the surgeon must ensure proper sterilization of surgical instruments before and after surgery.

Dr. Sonal Singh
Senior Resident, Dermatology
Dr RMLIMS Hospital, Lucknow

Acne scar - Combined approach with Subcision and Thread lift

Dr. Shadab R Doi
(MD DVL, FAM-DIAS)
Consultant Dermatologist
at Skin N Smile Klinic, Paldi,
Ahmedabad.

INTRODUCTION - Acne scars is a common aesthetic concern that demands procedural management. Its management always involves a multimodal approach and can include a variety of procedures like subcision, microneedling, MNRF, Fractional Co2 laser, Dermal fillers, PRP and threads.

Ultimate aim of treatment is to flatten atrophic scars by collagen induction and improve texture of over all affected skin.

In this case, I have done a combined approach of subcision followed immediately by threads in same sitting.

CASE - A young male patient of 24years, came with complain of acne scars on both sides of face (cheeks and temples), along with notable hollowness on both side of cheeks as seen in images (figure 4A and 4B). His main concern was overall improvement in acne scars and correction of hollowness.

On examination- few atrophic acne scars (boxcar and rolling type) were present on both side of face.

Goodman Baron acne scar grade-2

APPROACH - Patient was prepared for procedure taking all aseptic precautions. Affected area was marked with sterile pen marker.

Ring block around acne scar was given with insulin syringe.

Subcision was done using blunt cannula, 22gauge & 40mm length (figure 1). Entry point was made by 22gauge needle in a way that entire area can be covered for subcision. To and fro motion was used to break adhered fibres. Excess blood was drained out.

Vectors for threads were marked (figure 2) and COG threads, 5 each in cross hatch pattern were inserted at subdermal level (figure 3). Total 20 PDO COG threads were inserted. Immediate post subcision swelling is comparably very less when done with blunt cannula. Post procedure, patient was prescribed topical antibiotic mupirocin ointment, thrice daily, oral Vit C 500 mg once daily for 7 days, and ice pack massage for first few days. Sunscreen was adviced to be used every 4 hourly and from post procedure 3rd day onwards.

RESULT - Assessment for scar improvement was done after 12weeks. Marked improvement in hollowness due to combined effect can be noted (figure 5A & 5B). Also, marked improvement in atrophic acne scars can also be appreciated (Figure 5A & 5B).

Post treatment, Goodman Baron score is 1. Patient satisfaction marked on visual analog scale (pre-post) was 8/10.

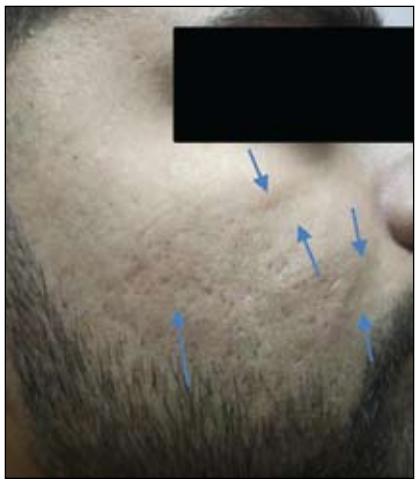


FIGURE 4A -
PRE TREATMENT RIGHT SIDE

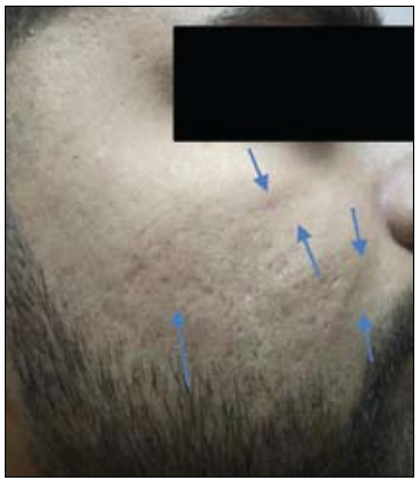


FIGURE 4B -
PRE TREATMENT LEFT SIDE

BOXCAR SCARS AND HOLLOWNESS AS SHOWN

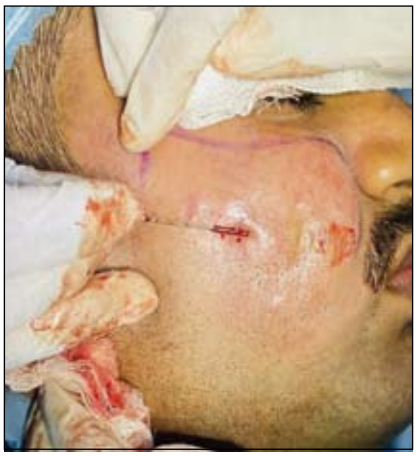
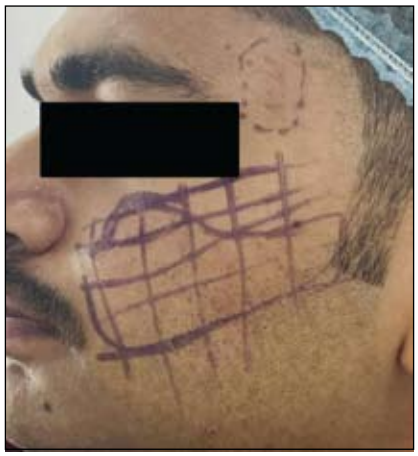


FIGURE 1- BLUNT NEEDLE ENTRY POINT FOR SUBCISION



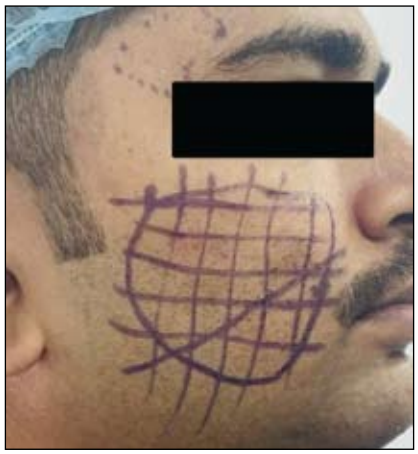


FIGURE 2- VECTOR MARKING FOR THREADS

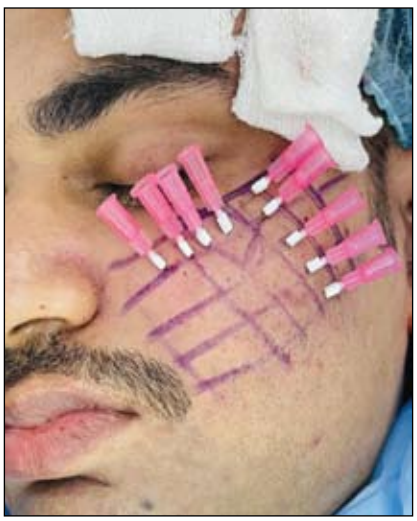


FIGURE 3- THREADS INSERTION IN CROSS HATCH PATTERN

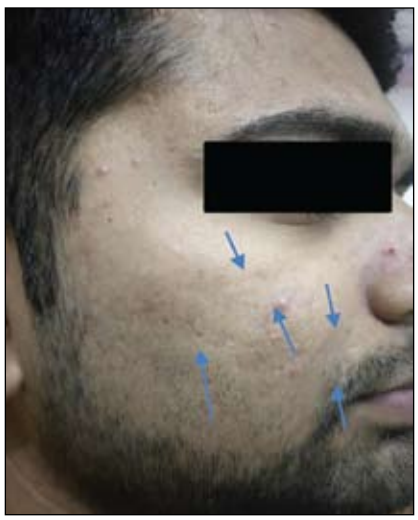


FIGURE 5A-
POST TREATMENT RIGHT SIDE
BOXCAR & ROLLING SCAR AND HOLLOWNESS AS SHOWN

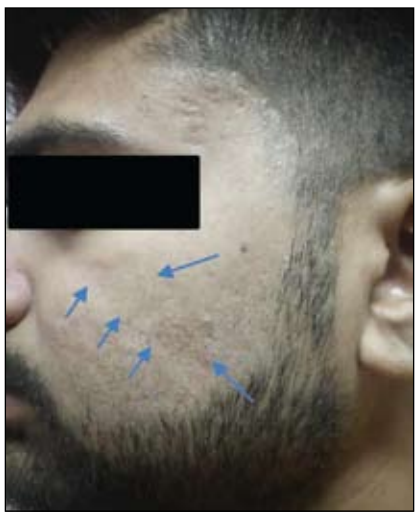


FIGURE 5B-
POST TREATMENT LEFT SIDE
SCARS HAVE ALMOST VANISHED AND MARKED VOLUMIZING EFFECT

DISCUSSION - Blunt needle subcision seems to be therapeutically more superior as down time is much reduced when compared with nokor needle or routine needle and same is demonstrated in study conducted by Gheisari et al. Use of threads (PLLA/PLGA/PDA) have been done in recent years for atrophic acne scars, which has shown comparatively better results than standalone subcision. Threads stimulates collagen synthesis, revolumize and improve skin quality, as seen in this case, where hollowness is filled and lifted satisfactorily. Patient in current study had more of rolling scars and boxcar scars which improved drastically after single combined session of subcision and threads.

CONCLUSION - The cost-benefit analysis and what procedure to be clubbed is essential part of package in treatment of acne scars. Optimum results can be achieved with basic techniques and proper utilisation of skills for achieving adequate results.

[1] Connolly D, Vu HL, Mariwalla K, Saedi N et al. Acne scarring-pathogenesis, evaluation, and treatment options. J Clin Aesthet Dermatol 2017; 10:12–23.

FINANCIAL MANAGEMENT TALKS WITH DR MEENAZ KHOJA

HOW TO MANAGE YOUR FINANCES FOR A SUCCESSFUL PRACTICE?

Q. Factors to consider while starting your own clinic.

- Location - is this where you would want to settle and be long term.
- Initial days it is always better to start with a poly clinic and pay rent depending on the hours you use the clinic space for.
- Women especially if they are planning to get married and yet to get married then should be concerned about chances of relocation.
- Initial days it's always better to be associated with a poly clinic or hospital so that there is a steady source of income while your own clinic practice picks up.

Q. Initial funds required to set up the clinic.

- You can start slow or big depending on your own budget.
- To start slow you don't need a lot of investment as OP consultations, cautery machine, centrifuge, peels etc. require little initial investment and give significantly good returns. IPL is another great machine to invest in as it can cater to a lot of skin conditions. My opinion would be to for a midrange device initially which would be around 3-8 lakhs.
- You don't have to always go for the most expensive or best in the market because many of the other more affordable options do give comparable results.
- Similarly prioritize your investments according to your budget. Don't go all in in the beginning as you might get stressed over debts while waiting for returns.

Q. Is it better to be a solo investor or part of a group?

- So, if you are someone who likes to be your own boss, be a solo investor. When it's a group and if the investors are not doctors, they wouldn't really understand the pace at which the practice grows and then there could be the pressure of numbers and targets.

Q. Loan options while starting own practice. Ideal time to repay a loan.

- When it's a startup it's best to apply for doctors' personal loan (interest would be at around 10%- this needs to be confirmed with the bank)
- If it's a running practice, then we have the option of business loans.
- The interest rates vary from bank to bank, and these are also based on your CIBIL score (credit score). So, it would be a good idea to get started with a credit card early and make the payments on time. Basically, prove that you are responsible for the money they lend.
- Loan repayment - it's good to target a 5-year time period and it's always better if you can prepay it. Also, if required, later on you could take further loans.

Q. Types of insurances we need to have.

- Professional indemnity insurance - this is a must as you can never predict when things could go wrong, and you could be caught up in a lawsuit.
  In this it's important to set up an insurance of a reasonable amount like 50 lakhs at least to 1 crore. And get into the finer details like what all would be covered and what all wouldn't. Keep it in writing and be absolutely clear about it. It's also important

to understand the ratio involved in it. So, if it's a 50-lakh insurance and the ratio is 1:4. It means that each patient filing a lawsuit would get a maximum of 12.5 lakhs and this would be for a total of 4 patients in a year. Don't go for higher ratios.

- Life insurance (to secure your near and dear ones during untoward and unexpected circumstances.
- Health insurance (again absolutely necessary go for a good one and take it the earliest - premiums also are less at a younger age and if COVID-19 pandemic has taught us anything, its life is unpredictable)
- Clinic insurance - find out coverage clauses in detail.
- Home insurance
- Take insurance for your expensive machines. Again, find out coverage - see if flooding, short circuit etc. are covered. Make sure each machine has a stabilizer.

Q. Is it better to rent or purchase Clinic space?

- In my opinion it's always best to rent. When it's purchased, it becomes a dead asset.
- Cons of renting is we have to maintain the structure as it is we can't do our own personal modifications. But nowadays we have interior designers and architects who can efficiently utilize space and do a lot without causing any damage to the rented space or altering any structure.
- Pro when it comes to rent is that it's easier to expand if needed.

Q. How to determine consultation fee and services cost.

- For consultation fee don't charge too low because you have put in at least 10 years to become the specialist you are. So, tiers 2 & 3, probably 300-800 would be alright. It depends on your locality and the consultation fee that's popular and acceptable for that area. Definitely to those who find it difficult to pay, you can consider a discount or waiving off at your own discretion.
- Services should be at least 2-2.5X your consultation fee.
- Keep a list prepared of the services and the cost decided, considering factors like expertise, time and material cost. There shouldn't be a discrepancy in the cost quoted later on.

Q. Staff requirements and pay.

- Consider their skill and hours. Gradually once you trust them and are happy with their work you can always add bonuses and incentives.
- The number of staff depends on what scale you are planning to start the clinic.
- For a small scale, where it runs on appointment basis, having a receptionist cum assistant would work.
- For an elaborate set up, at least 3-4 staff members would be required (a receptionist, an assistant and 1-2 therapists).
- Pay depends on the city + knowledge and caliber of the staff. To boost their productivity, incentives and bonuses are good. A minimum of 1500/hr./month would be basic. So, if someone is working 3 hrs. per day around 6000/month would be a good start and depending on their skills you can always hike their salary.
- Have a clause for commitment because you would put in efforts to train the staff and if they leave sooner than that would turn out to be pointless.

Q. Is it better to have your own pharmacy or be affiliated with a nearby pharmacy? How much of a difference does it make?

- Your own pharmacy definitely.
- Ensure you have the space that needs to be allocated to have a pharmacy and a pharmacist required for it.
- So as not to exceed your staff requirements, you could always appoint a pharmacist who would also manage the reception.
- If that's not an option, then a nearby chemist but there you would have to mention requesting the chemist to not substitute and also to keep stock of the necessary medicines. You can even request the pharmacist to give a discount to your own patients.

Q. Without a pharmacy license, what is the value of medicines a doctor can dispense?

- Yes, but only cosmeceutical and nutraceutical categories would be acceptable.
- Also, there's a cap in the value. From what I know the last time I checked it was 50k, however, I am

not sure if the value has changed now.
- If there is a hospital attached to your clinic, don't worry about this.

Q. Early in practice- would it be more feasible to purchase or rent machines.

- Renting is good. If you have similar like-minded people around you, you could develop a mutual understanding which would significantly reduce the amount you need to invest and at the same time you are able to provide all the necessary services required.
- So, if a doctor was to buy an LHR laser and fractional CO2 laser and a known colleague were to buy the Q switched Nd-YAG and MNRF - then they could refer patients to each other depending on what they feel is necessary for the patient. The profits earned could then be shared. This way the investment reduces by around 50%.
- Stick to machines that would be absolutely needed for your practice. Don't fall for fads or peer pressure. Same for chemical peels- stick to the standard peels.
- You can even split and swap peels with your colleague especially for peels less used.
- Initial days, to reduce financial pressure go for mid-range machines. Understand the machine to deliver maximum results. A few extra sessions may be required when compared to the high-end machines but the cost to the patient can be accordingly adjusted so that the effective treatment cost to the patient remains similar.
- Remember to always go for standard options.

Q. Time period to expect complete return of investment.

- It would be ideal to expect it within 3-5 years.

Q. Reselling a laser machine - what to expect?

- Understand that laser is a depreciating asset.
- Ask the company if they would be willing to exchange or like a buy back policy when purchasing the machine.
- Finding a person who wants to purchase the machine is difficult, then comes the possibility of the machine getting damaged during transport. Therefore, it is better to stay connected to the respective company person.

Q. What proportion of income should be kept aside for expenses and investment?

- Percentage wise around 50% would be for your own personal expenditure.
- Try investing at least 30% as early as possible. Choose what you want to invest in. Improve your financial literacy.
- Initial days start investing so that 5 years later you will get a significant amount so that you can fund your own clinic or help you invest in machines.
- If you spend a huge amount of money in the beginning days, you will be under a lot of pressure for the next coming years.
- Invest initially in the basic machines depending on the area of your clinic.
- Pick machines which are multipurpose with a smaller number of consumables. For example, MNRF would require needle cartridge which increases the overall cost whereas Fractional CO2 can be used otherwise.

Q. Spending money on marketing. What is your opinion?

- Different people would feel differently.
- I personally don't believe in paid marketing via online apps. I usually do it on my own or with the help of my staff.
- Social media like Instagram and Facebook - you can create your own content.
- Even Google business is a good option. It is free and you can get a lot of traffic.
- Word of mouth works best according to me.
- If you have to spend money on marketing, go for social media. You can probably try spending 10-15k and try to see if it works. But then the pressure of seeing numbers begins.
- Digital marketing keeps fluctuating depending on who's putting in more money for it.
- Pamphlets are another mode where you can keep at different spots like eateries, cafés malls, chemists etc.

- Most importantly, have a good board of your clinic in the area around your clinic with the phone number, your name and degree.

Q. Group practice - pros and cons

- It's a really good thing but there should be a mutual understanding in terms of aims and objectives.
- Have your guidelines and protocols set in terms of practice and finances.
- Pros - investment goes down, permanent locum in your absence, patient feels comforted there is a familiar doctor always during your absence.
- Con- you need like-minded people. Some people tend to treat colleagues as competition.
- At the end of the day there's enough for everyone.

Q. Lastly, do we need financial managers?

- Many doctors find it hard to understand financial matters well.
- Also, it would be better to seek professional help to help manage finances and taxes.

Q. Should we keep an emergency fund?

- COVID-19 pandemic was the biggest emergency recently.
- So, keep aside a budget for this too because anything can go wrong at any point in life in terms of any aspects of your life.
- Keeping it idle in a fixed deposit won't keep up with inflation. So, choose a mode of investment that will fetch you returns and has good liquidity - gold, mutual funds, stocks etc.
- Some amount should be left in your savings account too for easy accessibility if need be.

Other points that may come in handy:

- Prepaid appointment policy - with refund clauses. This makes the patient value your time and vice versa making both sides accountable. It was started during COVID-19 pandemic which I have help on. This prepaid amount can be adjusted with the consultation fee.
- Don't entertain 1+1 consultations.
- Strike a balance between work and personal life. Life is unpredictable. Being neck deep in work is not going to help both personal life and professionally, we as humans will get irritable. Keep fixed hours for everything.
- Sovereign gold bonds are a good investment option in terms of liquidity, indexation benefit and inflation benefit. But diversification of investment is very important.

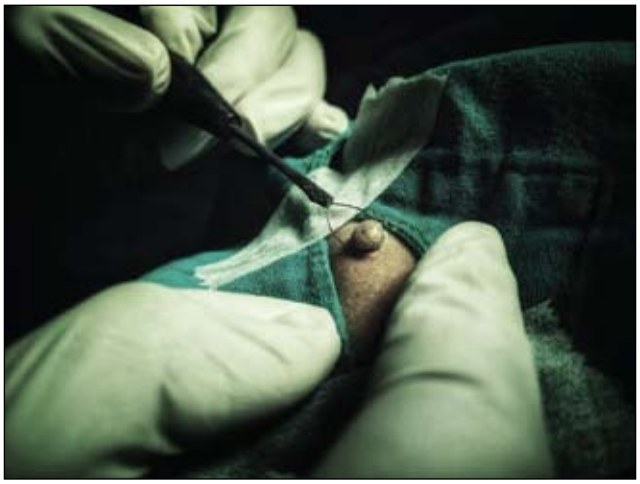
It's very important to manage money. Meet a financial advisor to learn a lot more about how to make your money work for you and not work for the money.

Dr. Meenaz Khoja
Consultant Dermatologist,
Dermadent skin and dental clinic, Pune, India.

Dr Soumya Alice Mathew
MBBS, MD DVL, Consultant Dermatologist,
Muthoot Hospital, Kozhenchery, Kerala
Consultant Dermatologist,
DermaVue Skin clinic, Thiruvalla, Kerala

'PHOTO-THERAPY' -
A creative Dermatosurgery photography competition

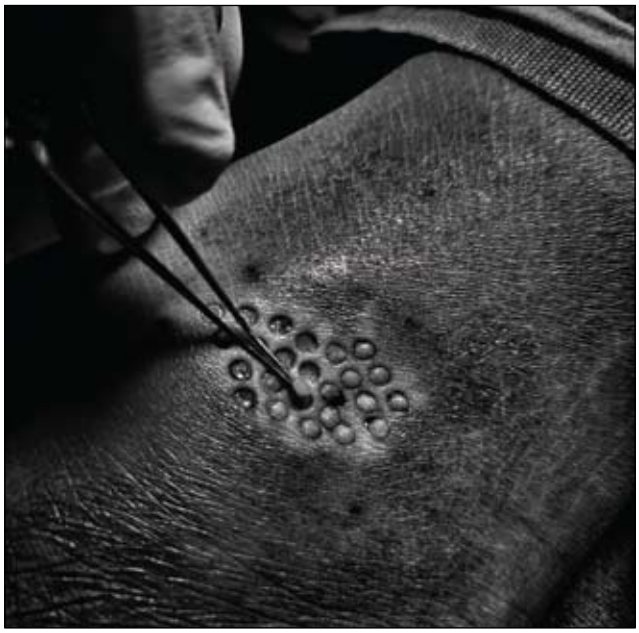
A Dermsurg photography competition was conducted for the ACS(I) members to highlight their creativity and photography skills in routine cutaneous procedures. The theme of the competition was "A day in a dermatosurgeon's life" with 30th April 2023 as the submission deadline. Each participant was allowed to submit two images. The competition was judged by a panel of two judges, Dr. Aseem Sharma and Dr. Feroze Kaliyadan. The photographs were judged on composition, contrast/colour, creativity, lighting, finishing, focus and overall impression. This competition was coordinated by Dr. Kinnor Das. The winners were, Dr. Rahul Sugandhrao Deshmukh (1st and 2nd place) and Dr. Milan Jhavar (3rd place). The winning photographs were featured on our official Instagram account acsi_insta and were awarded certificates and cash prizes. These images have also been featured in the ACS(I) Millenials newsletter.



1st Prize -

"Wholeness is not achieved by cutting off a portion of one's being, but by integration of the contraries." ~ Carl Jung

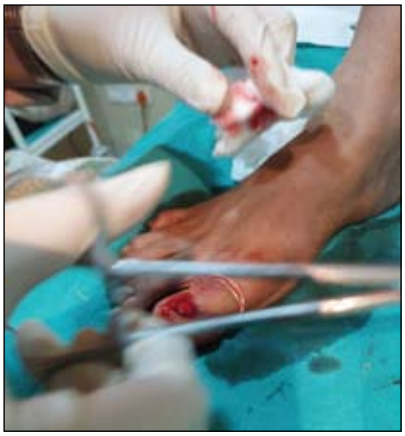
Dr. Sugandhrao Deshmukh



2nd Prize -

" Like the rainbow, God couldn't choose which color to give you, so he gave you all. Maybe it's illogical but it is another perspective to try."

Dr. Rahul Sugandhrao Deshmukh



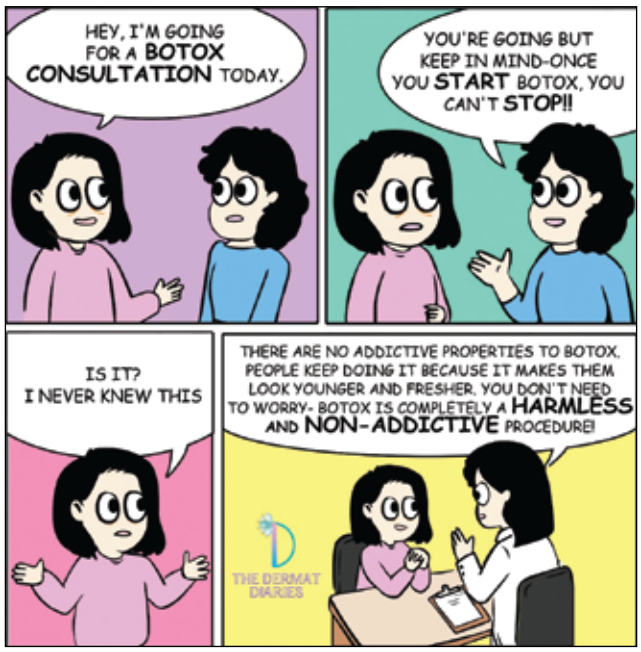
3rd Prize :

Oh Nail " Why don't you follow the normal path" Just to get highlighted and Focused?

Dr. Milan Jhavar

The Dermat Diaries

Botulinum Toxin



Chemical Peel

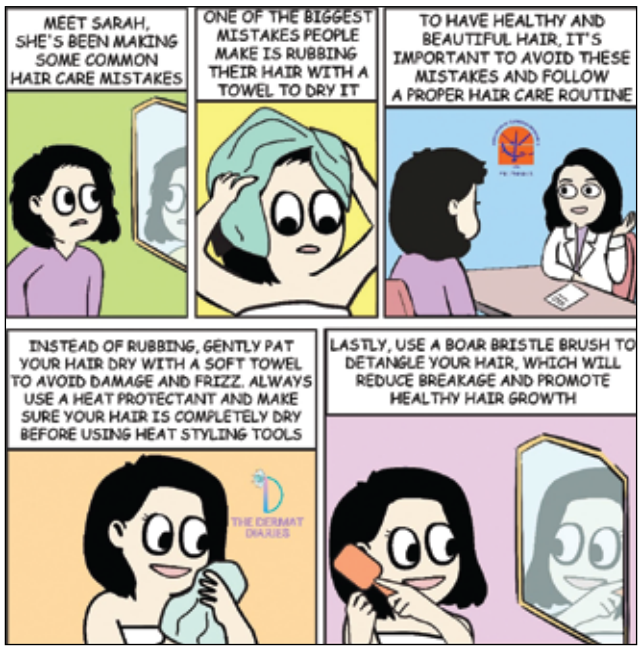
Eczema Care

Expired Cosmetics

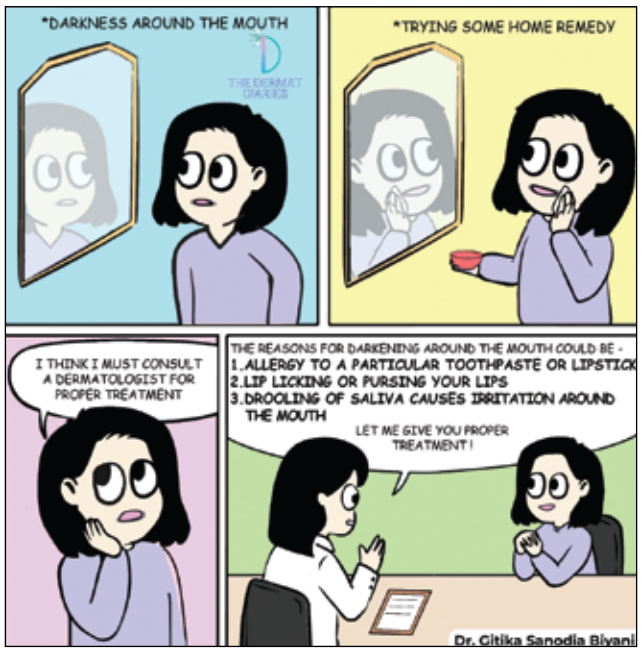
Fillers

Greying of Hair

Hair Care



Perioral Hyperpigmentation



Sensitive Skin

Social Media & Hair fall

Social Media & Skin

Dr. Gitika Sanodia Biyani
Consultant Dermatologist,
Horizon prime hospital,
Thane & Disha Skin and LASER institute,
Thane, Mumbai

Dr. Shyamanta Barua
President, ACS(I)

Dr. Manas Ranjan Puhan
Secretary General, ACS(I)

Dr. Saloni Katoch
Chair,
ACS(I) millennials

Dr. Preethi B Nayak
Convener,
ACS(I) millennials

Dr. Rohan Bhattacharjee

Dr. Komal Agarwal

Editors

ACS(I) MILLENNIALS CORE COMMITTEE

Dr. Atoka Sumi

Dr. Atul Bothra

Dr. Deepak Jakhar

Dr. Dhanraj Chavan

Dr. Jeet Gandhi

Dr. Sujala S Aradhya

Dr. Sunmeet Sandhu

We hope you like this effort of ours. Do follow our Instagram handle (acsi_insta) for updates and interesting activities.
For any feedback, suggestions or queries, please get in touch with us on acsimillennials@gmail.com