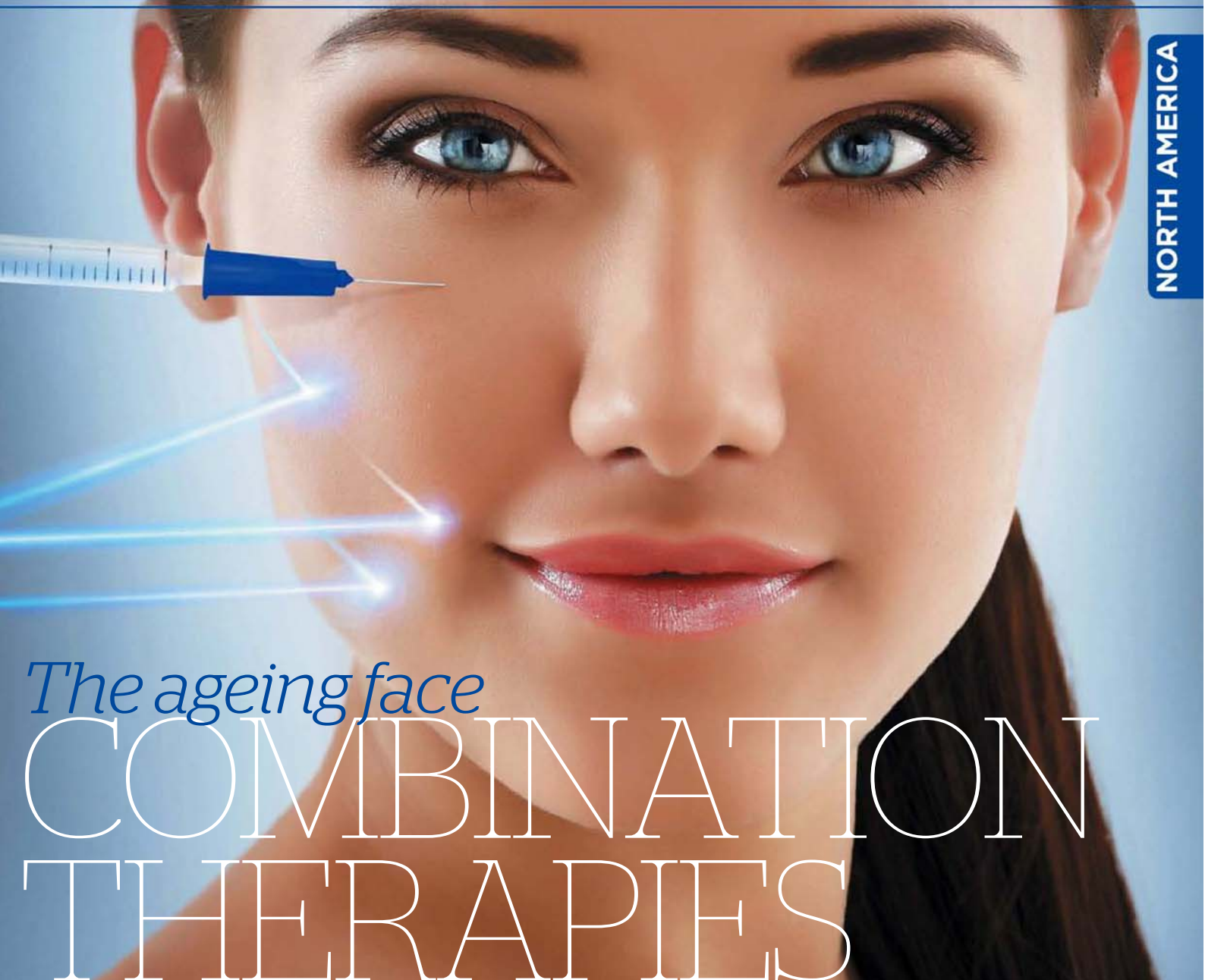


# PRIME

Jan/Feb 2013  
Volume 1 | Issue 1

INTERNATIONAL JOURNAL OF AESTHETIC AND ANTI-AGEING MEDICINE

NORTH AMERICA



*The ageing face*

# COMBINATION THERAPIES

**LASER SKIN  
RESURFACING**  
FOR THE FACE

**MID-FACE  
VOLUMISATION**  
TREATMENT OPTIONS

**PREVENTIVE  
GENETICS**  
AND NUTRIGENETICS

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**W**ELCOME TO THE FIRST ISSUE OF *PRIME NORTH AMERICA*, AND allow me to introduce myself as your Managing Editor, Rosalind Hill. *PRIME* was originally launched in March 2011, but it quickly became clear that perhaps it was time for us to launch a publication specifically for the North American market, and here we are, with high-quality peer-reviewed articles and tips for practice management, which has been well received throughout Europe and the rest of the world. We hope that our success will continue with this new launch.

As Dr Sam Rizk writes in his guest editorial on page 5, the sharing of best practice is essential for aesthetic and anti-ageing practitioners from all disciplines® whether that be dermatology, plastic surgery, or anti-ageing medicine, among other specialties® and this is something that we aim to achieve in the editorial policy of our Journal, and echoed in our editorial advisory board.

Our editorial board are truly international and certainly represent the range of specialties encompassed in aesthetic and anti-ageing medicine. For *PRIME North America*, we have introduced a special advisory board, to help steer some more region-specific content, all of whom are at the top of their specialism.

**“The sharing of best practice is essential for aesthetic and anti-ageing practitioners from all disciplines.”**

I would like to thank them all in advance for volunteering for this role: Anoop Chaturvedi, Michael H. Gold, Z. Paul Lorenc, Nazanin Saedi, Ronald Mancini, S. Randolph Waldman, and Heidi A. Waldorf.

Also, thanks to the rest of the editorial board for their continued support in writing and reviewing articles.

If you would like to get involved, either by writing articles (all of which undergo a double-blind peer-review) or reviewing articles to assess suitability for publication, then please do not hesitate to get in

touch using the contact details below.

I also hope to meet some of you at the range of conferences the *PRIME* team will attend this year, including the AAD Miami (booth 2417), ASLMS Boston (booth 1124), and Vegas Cosmetic Surgery 2013.

I hope you enjoy this first issue of your Journal, and I welcome your comments and suggestions for future features and developments.

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**T**HE DYNAMICS OF THE GLOBAL LANDSCAPE OF COSMETIC MEDICINE AND aesthetic surgery is always evolving. There was a period when Europe and Asia looked to the US for the next big thing. Lasers and light-based devices were typically launched stateside, while physicians in other markets were clamouring to get their hands on them.

Today, medical devices and other technological innovations tend to be launched almost simultaneously, except perhaps in the case of neurotoxins and dermal fillers, where the US regulatory path is so much longer than most other markets.

I particularly enjoy presenting at meetings outside the US to learn what our European, South American and Asian colleagues are doing. For example, soft needles and cannulae for fat and fillers were popularised in Europe long before we started using them in the US. Advancements in aesthetic medicine stem from numerous sources; they may be novel methods put forth by one or a handful of pioneers who looked at a problem in a new way to find a solution. New developments may also come from modifications on time-honoured therapies or unique combinations of modalities.

Regardless of how these innovations get introduced, there is one constant: every breakthrough begins with an idea and a vision. It may be based on a little known technical pearl or clinical finding. Often, these advances take the courage of forward-thinking practitioners to run with it and make it a reality.

However, without continued research, clinical data and scientific forums in which to share them, breakthroughs would not emerge at such a rapid pace. Our industry seems to be closing the gap, fuelled in part by collaborations between specialists on a global basis. The ability to communicate our methods and unique expertise with international colleagues facilitates an open exchange of ideas and advancements. This dialogue propels each of us as physicians to excel at what we do and how we do it.

While it is true that a subset of consumers are motivated to seek out less invasive or non-surgical procedures, I believe there will always be a place for surgery, particularly for regions in which non-surgical treatments will only get you so far, such as rhinoplasty, necklifts, and breast and body lifts.

There is no doubt that consumers want safer, faster, better procedures that have less downtime, risks and scars. Based on this growing consumer demand, it has become imperative for aesthetic practitioners to offer a broader range of services to meet patients requests, or at a minimum, to have a network of like-minded colleagues to refer patients for treatments not offered in your practice. While some of us are relatively content with the protocols and methods that have been used for decades,

**Sam Rizk, MD, FACS**

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