

Face off

We talk to **Dr Kathryn Taylor-Barnes** about her use of Ellanse and Sculptra and how the two products compare

AESTHETIC MEDICINE: HOW DO YOU GO ABOUT SELECTING WHAT PRODUCTS TO USE IN YOUR CLINIC?

Dr Kathryn Taylor-Barnes: I like to offer a range of cosmetic injectables in my clinics. I am keen to offer up to date dermal fillers and go out of my way to trial those fillers new to the market. This gives me a personal experienced view on what is available so I can discuss the pros and cons of each filler brand openly with my clients and find the best one that will genuinely suit them. I am also influenced by colleague feedback on their experiences by attending conferences and networking and reading the monthly aesthetic journals and magazines. I also make time to meet with the dermal filler sales reps so I can understand the products more in depth. As I specialise in offering cosmetic injectables at my clinic I feel it is important to offer a good selection of choice to my clients as we have so much available to us right now.

AM: HOW LONG HAVE YOU BEEN USING SCULPTRA?

KTB: I started using Sculptra about 12 years ago. Back then the injection protocol for Sculptra tended to leave a lot of trauma to the skin with bruising and downtime. This technique has now been improved with the promotion of cannula application with less downtime and excellent results. This change in application has made Sculptra treatments significantly more popular amongst my clients and I have been doing a lot more treatments in the last year..

AM: HOW LONG HAVE YOU BEEN USING ELLANSE?

KTB: Since April 2012.

AM: BOTH OF THESE PRODUCTS ARE BIO-STIMULATORS HOW ARE THEY SIMILAR AND HOW DO THEY DIFFER?

KTB: Both Ellanse and Sculptra are collagen stimulators but Ellanse gives an immediate effect, which some clients like, whereas Sculptra is a gradual process and better for clients that are more comfortable with a slower and discreet result. Ellanse and Sculptra have completely differing chemical constituents. Ellanse is composed of Polycaprolactone whereas Sculptra is Poly-L-Lactic acid PLLA. Both Sculptra and Ellanse are injectable dermal fillers whose aim is to restore volume and smooth the skin by activating your own fibroblasts into action again. I consider them 'smart fillers' as they stimulate at a cellular level. Ellanse is administered in a syringe pre formulated and flows like a smoother version of Radiesse. Sculptra is a powder that needs to be reconstituted with water for injection at least five days before injecting into a client. This is to pre-hydrate the product in both fillers. Lidocaine anaesthetic is added to the fillers immediately prior to injecting into the client. Ellanse comes in four varieties-





Hands, S, M, L whereas Sculptra has just one variety. The amount of Ellanse I inject depends on how much volume loss is present and how wrinkle the skin is that needs smoothing. The amount of Sculptra treatment [vials] depends on the age of the patient and injectors adhere to the product protocol. Sculptra requires monthly treatments for the first three to four months and a top up at six to nine months and then yearly. Ellanse is a one off treatment like a hyaluronic acid filler and can be added to at any time for further volume correction and the duration of longevity depends on which filler variety has been used S, M, or L. Also with Ellanse you can predict exactly how long the results will last due to the length of the individual polymer chains within the microspheres. This gives treatment flexibility.

AM: HOW DO YOU USE THESE PRODUCTS WITHIN YOUR PRACTICE?

KTB: Whilst I carry out my client's facial aesthetic assessment I always ask them which of the filler ranges they have heard of and would prefer to have. The public are quite savvy in what is out there and self educate by reading

adverts and articles on the internet, social media and women's magazines. Of course I then use my own judgement on what I truly feel with give them the best results and together we reach a mutually agreed plan. I offer a free initial assessment for my clients to get to know me and vice versa. I carry out a full facial assessment and history at this stage and feel a "cooling off" period is good for clients to go away and digest what we have discussed as well as read patient information literature on Ellanse and Sculptra as both these treatments are very different to an HA filler treatment which they may have had previously. Also regarding Sculptra there are a series of monthly appointment needed and cost implication that needs careful consideration and client commitment.

AM: HOW WOULD YOU DECIDE WHEN TO USE ONE OVER THE OTHER?

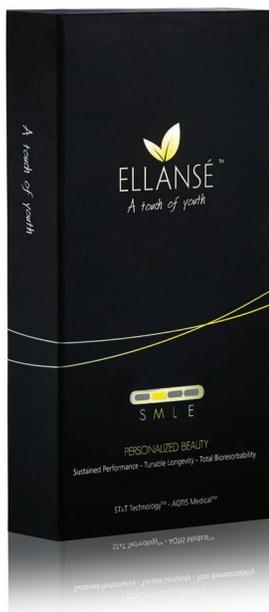
KTB: My trained eye, experience, client skin texture and suitability, client commitment and what they can afford.

AM: WOULD YOU EVER USE THEM BOTH TOGETHER?

KTB: No. I would not feel it is safe to do this and could not be certain that both products would meet within the dermis and react adversely with each other. From what I have heard this view is shared by at the majority of colleague injector s.

AM: WHAT ARE THE BENEFITS AND DRAWBACKS OF BOTH TREATMENTS?

KTB: From my experience Ellanse is a quicker and more



simple application compared with Sculptra. I tend to use needles with Ellanse but Cannula with Sculptra and skin trauma can be a factor. Also I find that there is a downtime of up to a week with Ellanse as it can cause localised oedema in the skin particularly if injecting the upper face for malar augmentation. Ellanse is still considered suitable for a local volume effect. Sculptra, as it is a liquid, is able to reach a wider surface area and hence give more of a global lift. Sculptra requires twice daily self massage to the treated area that is absolutely necessary for Sculptra to efficiently work at the fibroblast stimulation level. This requires strict discipline from the client and a degree of honesty when asked if they have been 'doing their homework' at each treatment visit.

AM: WHO IS THE IDEAL CANDIDATE FOR SCULPTRA?

KTB: I have injected Sculptra in clients from mid thirties who have lost a lot of weight and do not have a fat on the face and it just hangs or looks sunken and involuted. I do not chase lines with Sculptra. With Ellanse I focus on more localised areas that need revolumising and aim to fill lines and wrinkles directly.

AM: WHAT ABOUT THE IDEAL CANDIDATES FOR ELLANSE?

KTB: From mid 40's with premature ageing sun damage and lines and wrinkles that are deep or superficial but still have a decent amount of fat on their face to hold up the skin. With Sculptra my client needs to be able to attend the clinic monthly for 3-4 months and be committed to daily finger tip massage to the area where Sculptra was injected so promote collagenesis and product activation. This means my Sculptra clients need to be motivated, committed and be free from any hand or finger ailments that would prevent massage. I do however suggest the use of battery operated vibration facial devices to use if they feel they cannot manage it themselves.

AM: HOW DO THE PRICES OF BOTH TREATMENTS COMPARE?

KTB: Ellanse is charged per syringe from £200 whereas Sculptra is charged per vial or treatment session from £400, but in the case of Sculptra as it requires multiple treatments in the course a "package quote" is usually offered. Sculptra can appear expensive at first glance and despite the fact that it requires time and more product it is still fairly economical in terms of cost per unit product and the volume effects achieved.

AM: HOW DO THE RESULTS COMPARE?

KTB: With the newer protocol for Sculptra using cannula administration the bruising and skin trauma skin effects are negligible. My clients feel confident to return to normal life straight away without the need to hide away. The treatment gives an instant glow to the skin due to the dehydration factor and the instant fuller face gives an impression of wellbeing as through they have just

had a holiday. Ellanse gives an instant revolumising effect but the swelling is a factor as the product settles down. My clients tolerate this if they are forewarned. Regarding the use of Ellanse for backs of hands treatment I started out using S range and switched to Ellanse Hands when it was introduced a year ago and the Hands formulation has made the swelling less.

AM: IS THERE ANYTHING YOU CAN ACHIEVE WITH SCULPTRA THAT YOU CAN'T WITH ELLANSE AND VICE VERSA?

KTB: Hand revolumisation with Ellanse as it has a specific product marketed for that purpose-Ellanse Hands. When I have a client who has lost a lot of weight and the face is sunken in with little fat support I would always spot for Sculptra over Ellanse to achieve a good neo collagenesis and revolumising effect. Again it is down to individual client facial assessment and my trained eye and gut instinct as to which of the two choices of filler I would use. There is certainly a place in my client for both!

AM: WHAT KIND OF TRAINING DO YOU NEED TO UNDERGO TO USE THESE PRODUCTS?

KTB: I have been fortunate enough to be trained by the best - Sharon King for Ellanse and Dr Linda Eve for Sculptra. I feel that small group training with live models is best and if one on one training is available that is preferable. I try and look out for live demos at conferences I attend so that I can get a refresher on any new injection techniques for both products.

AM: WHAT AREAS CAN YOU TREAT WITH SCULPTRA AND WHICH INDICATIONS DO YOU FIND MOST POPULAR/TREATMENT OUTCOMES ARE MOST SUCCESSFUL FOR?

KTB: Global volume loss, sunken temples, fine crepey lines on skin with little or no fat below the dermis. I always remember that Sculptra original trials were on HIV patients with severe lipoatrophy and this mental picture of what can be done with Sculptra influences me when analyzing my clients face.

AM: WHAT ABOUT ELLANSE?

KTB: Ellanse can be used on the temples and cheekbones to chin. I avoid the infraorbital tear troughs and try to keep my injections as low on the malar region as I can to avoid the periorbital oedema effect. I would avoid the glabellar and lip border and body area as not indicated. I have had good results with Ellanse when rejuvenating the ear lobes but find I need to use more product per lobe that I would initially envisage but this is of course dependent upon each case individually. I am still gaining experience with injecting this area.

AM: ANY FINAL THOUGHTS?

KTB: I feel both Ellanse and Sculptra are excellent dermal fillers and very different to each other. I am glad to offer both of them to my clients at the clinics and they are certainly gaining in popularity in the time I have been using them with clients asking me more and more for them by name. **AM**



>> **Dr Kathryn Taylor-Barnes** is medical director of The Real You Clinics in Surrey. She started her clinic in 2004 and specialises in cosmetic injectables.