Looking good
Referrals in the facial aesthetics field are growing says Dr Bob Khanna

Referrals are the lifeline of many specialist dental practices, with professionals relying on the confidence of their peers to provide a steady flow of patients.

This is a method that has worked well in the industry for many years, but doesn’t seem to have taken off within the facial aesthetics field with quite the same gusto. However, I think this is changing, and would suggest that facial aesthetic referral practices are the next progression for optimum aesthetic delivery.

A facial aesthetic referral practice works in the same way as any other referral practice. If someone is not confident in carrying out a treatment, they contact a peer who may be more proficient in the treatment concerned. After all, not many GDPs would be prepared to carry out full-mouth implant restorations. Similarly, someone who is proficient in dealing with simple marionette lines is hardly likely to want to attempt a full facial rebuild with dermal fillers.

Pain relief
I receive a lot of referrals, not only from dentists but also from GPs and plastic surgeons, whose patients have come to them seeking help for genuine medical problems, as opposed to aesthetics. Many people are unaware that the mainstay of the utilisation of Botox is still medical therapeutics and not aesthetic at all. The therapeutic use of Botox and dermal fillers is growing at a great pace.

Everyone knows about the anti-wrinkle effects of Botox, but it is not widely known that it can also act as a powerful muscle relaxant, often easing pain and suffering in areas such as the neck, shoulders and jaw. It has also recently hit the headlines with news of people having treatment for common medical complaints, such as bruxism, persistent headaches and other muscle spasms.

When someone has received appropriate training in delivering aesthetic treatments, its implementation within a surgery is very simple. Courses should provide help and support to newly qualified practitioners, and offer advice as to how best to market the practitioner’s new found skills to patients. However, setting up a referral practice is slightly different, especially if a practitioner is already well known for a different modality.

That said, I still believe that setting up a facial aesthetic referral practice is easier than setting up, for example, an endodontic referral practice. If a patient needs endodontic treatment, they need it, regardless of whether they want it. A ‘need’ is never as desirable as a ‘want’. People seek facial aesthetic treatments because they ‘want’ to look younger and better. It has also been shown in numerous surveys that people will spend on ‘wants’ regardless of poor economic climates. Hence the demand is clearly out there for patients wanting such treatment, therefore driving the process forward.

A practitioner is in the unique position of being able to offer patients effective and successful treatment. The market is already there, and it is booming. Not having to create a market, instead having to tap into an already existing one, makes setting up a successful referral practice simple and effective.

About the author
Dr Bob Khanna is widely regarded as one of the world’s leading exemplars of dentistry and facial aesthetics. He is the appointed clinical tutor in facial aesthetics at the Royal College of Surgeons and has trained thousands of dentists and doctors through the Dr Bob Khanna Training Institute. For information, call 0118 9606 930 or visit www.drbk.co.uk.