



CONSULTING ROOM

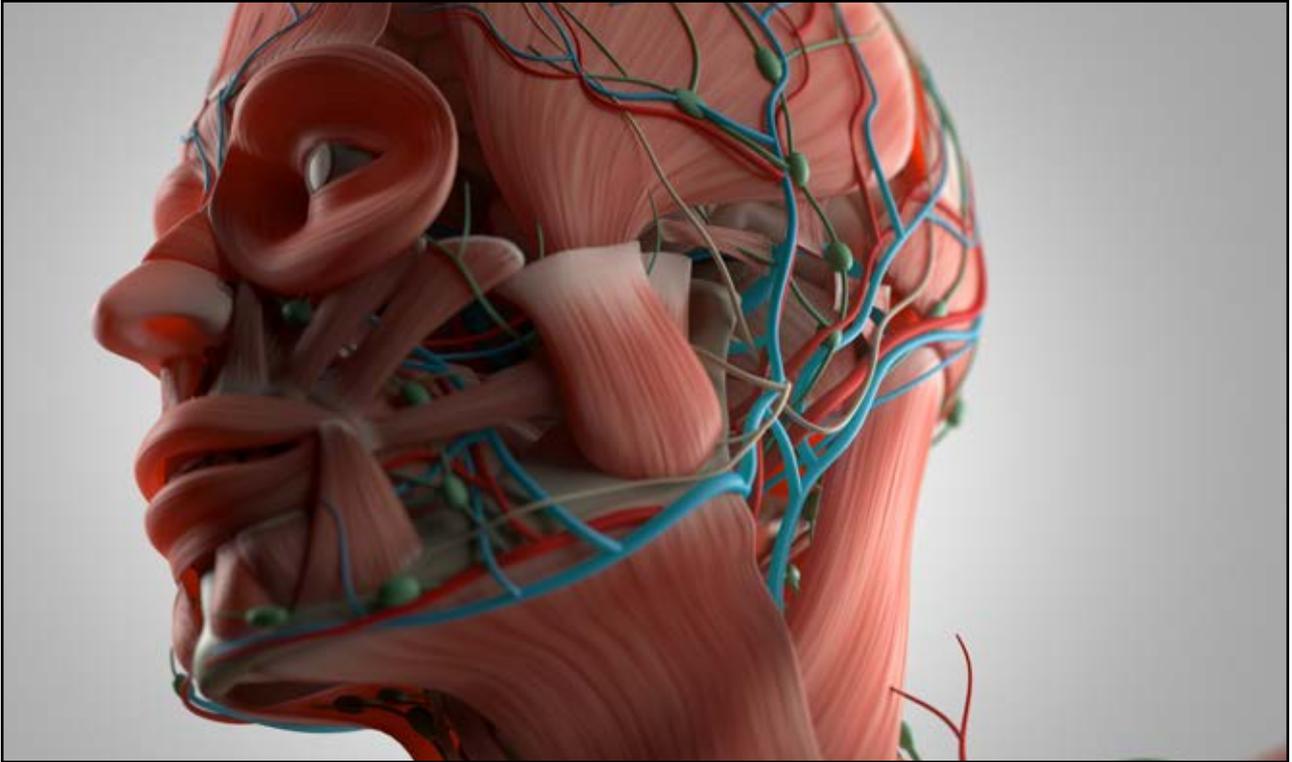
Your Aesthetic Partner



FEATURE ARTICLE

Anatomy 101

First time attendance at a facial anatomy dissection course



ANATOMY 101

Lorna Jackson reveals her thoughts on attending a facial anatomy dissection training course for the first time.

17th Century physician William Harvey, who was the first to completely describe and detail systemic circulation in text published in 1628, was an early fan and proponent of anatomical knowledge.

In his book, he stated; *"I profess both to learn and to teach anatomy, not from books but from dissections; not from positions of philosophers but from the fabric of nature."*

And so, this is where I started my journey...

Following a once-in-a-lifetime invitation, I walked into a clinical room at a centrally located Midlands hospital, which had been designated for the inaugural aesthetic 'facial anatomy: dissect and inject' training course, run by the **London Medical Education Academy** (LMEDAC), in conjunction with the British Association of Cosmetic Nurses (BACN).

Managing Director and founder of LMEDAC, Angela Spang had a clear

vision for starting up this venture.

"I started LMEDAC because I realised that no matter how good medical devices were, the biggest variable affecting patient outcome was the technical skills of the surgeons. I read a story about a little girl, who died. She went to have surgery, and the doctor operating on her had never done the procedure before."

I am an improver; I want to make good surgeons, greater surgeons, and one way to do that, is to provide training using human donated cadaveric tissue, so that no little girl, (or anyone else for that matter), has to ever go into surgery with a doctor that hasn't properly trained. My goal is that we will remove the LPLC (live patient learning curve) from the way doctors, surgeons and nurses are being trained."

Chair of the BACN, Sharon Bennett, explained how they had become involved in this new training opportunity.

"Myself and the BACN were approached by LMEDAC at the beginning of the

year, and we discussed the lack of easily accessible, and affordable, anatomy and dissection training. We felt that it was exceptionally important that those undertaking any aesthetic procedure should have easy access to dissection, so that they understand what is going on under the skin. And so that is how this relationship started, as this is what LMEDAC do. They deliver dissection courses for all specialities across the NHS, outside of aesthetics, so have access to the anatomists and the donated cadavers; therefore, all that was needed was to gear the course content more towards aesthetic medicine and practice."

Sue Thomson, Founder of Cobalt-Panacea has helped LMEDAC expand their current NHS-led operation by introducing them to the aesthetic sector.

"Whilst working for Allergan, I was very much involved in the Sir Bruce Keogh process, the 'Review of the Regulations of Cosmetic Interventions' and was as disappointed as my medical colleagues, that the recommendations



did not, in my opinion, go far enough to preclude non-medics from carrying out medical aesthetic procedures. Having worked within the medical aesthetic industry for almost a decade, I have a clear understanding of the potential complications that can occur when carrying out aesthetic treatments and perhaps more importantly, the need to understand how to avoid or manage these complications.

Since leaving Allergan, it has always been my primary goal to support medical practitioners learning, whilst improving patient outcomes, which is why working with the LMEDAC team is a great fit as they share not only my vision, but that of many of my medical colleagues. Whilst non-medics continue to be allowed to perform aesthetic treatments, it's our aim to provide enhanced and in-depth hands-on learning for the healthcare professionals to allow them to strengthen the divide between the themselves and the non-medics whilst improving patient outcomes."

Within the room were twelve nursing delegates, all members of the BACN, LMEDAC operations manager, Liz Thornber, trained anatomist, Michael Rittig, and plastic surgeon, Taimur Shoaib; who would be our tutor for this inaugural course.

"I have been teaching on at least one cadaveric training course per year for the last 15 years. I always enjoy cadaveric courses because it's a challenge to find the anatomy and it's a challenge to perform dissection of structures. It's also very rewarding when we do see the structures, and see the anatomy; you can never learn your anatomy enough"; Taimur told me.

"I hope delegates will go away with a greater understanding of surface anatomy, so that when they're injecting a product they can visualise the structures that are deep to the point of their injection. The aim is to give people 'x-ray eyes' - in other words when you're injecting through surface anatomy you should know with your eyes what is deeper to that



point"; he explained.

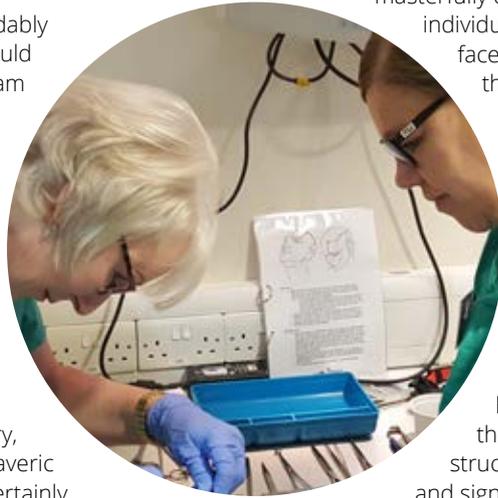
I was understandably unsure how I would react; after all, I am a layperson and not a medical professional. This would be somewhat new territory for me, and an experience which, after 14 years working within the aesthetic industry, was my first cadaveric encounter. It's certainly true to say that anatomical workshops of this kind, specifically for the aesthetic sector, have only just started to become more available, shown on video links at conferences, and advertised for sector-specific improved learning and education.

"...you can never learn your anatomy enough."

I am pleased to say that I did not faint, but instead my first impression was that of a normal medical setting, with only the faint smell of fixing products which accompanied some pre-exposed anatomical dissection models, separate to the fresh-frozen cadaver tissue that would serve as our learning models.

Delegates were teamed in pairs, each with a fresh-frozen cadaver head laid out ready for dissection. Although I did not participate in the 'hands-on' aspects of the training, I was surprised how quickly I acclimatised to the environment, and the fascination for learning over took me with increasing, and unexpected enthusiasm.

Watching Taimur Shoaib teach, and masterfully dissect each individual third of the face, was something that I could only compare to an artist with a paintbrush. From the top layers of the skin, through the fat pockets, muscles, fascia and vessels, he peeled back the anatomical structures, explaining and sign-posting every detail as he revealed what was hidden below.



My delegate colleagues, who accepted me as a peer for the day, were equally transfixed at seeing the deeper layers and anatomical structures which they commonly inject into with soft tissue dermal fillers via a 'blind', external view of the face. It was clear to see how the demonstration brought home the complexity of the underlying anatomy. Delegates explained how, and where, they commonly inject, and how they were now better able to visualise where their filler would be deposited.

Even the enthusiasm from Taimur was evident; "Anatomy is a very visual subject - you've got to be able to imagine it, you've got to be able to see it; and it's so much easier to be able to see and understand your anatomy, if you can see it yourself. As a medical student, I did anatomy; as a surgeon, I see anatomy all the time; but that doesn't mean to say that I'm not going to go on, or teach on another anatomy course ever again; I still go, and I learn so much every time"; he said.

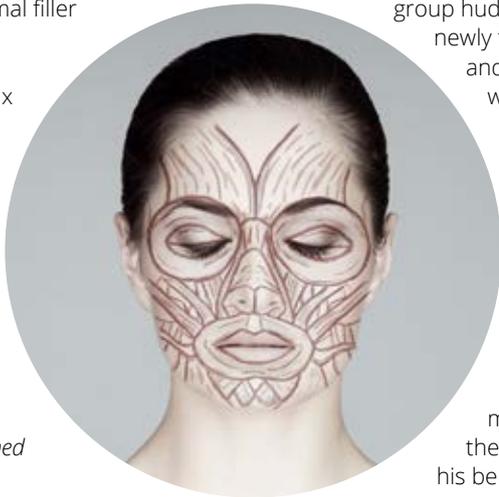
During the day, as each third of the face was dissected through demonstration, each pair of delegates would then retreat to their own cadaveric model and begin replicating the incisions and flap exposures that they had just witnessed. Anatomist, Michael Rittig, who assisted delegates throughout the day, noted to me that when he teaches young medical students, they can be somewhat reticent to embark on dissection, but he was pleased to see how this cohort of nurses were keen to dissect, to seek out and find anatomical structures, including the danger

points so often highlighted in relation to dermal filler administration.

Lou Sommereux RGN NIP at Cosmex Clinic told me why she had come along; *"I last did a hands-on cadaver dissection about 6 years ago, and before that I had watched plastic surgeons performing dissections.*

When I attended all those years ago, it blew my mind away. This is a fantastic opportunity, and with the BACN organising it with LMEDAC I thought it was wonderful for further education. It will make me much safer, and a better injector. I'm a great believer in continuing my professional development, so when I saw this opportunity to further my anatomy knowledge, I thought 'I have to come on this one!'"

As the dissection session continued, so the interaction between delegates began to increase. It is true that as humans we are all different, and this could be noted in the donor models we were privileged to use on the day. Excitement would increase as delegates exposed tissue on their models and were able to share and discuss their different observations with each other. The informal nature of the training,



and the location, meant that small group huddles to discuss newly found structures and differences were easily had, with input from Michael and Taimur to affirm findings.

Throughout the day, Mr Shoab continued to dissect his teaching model, calling the delegates to his bench as deeper structures, core anatomy and interesting findings were uncovered in more detail. This hands-on learning and familiar approach in a small group teaching setting certainly makes for a fascinating and insightful experience.

I found that the more the delegates learnt, the more they began to say that anatomical learning of this type should be mandatory within aesthetics – coming 'at the beginning', when practitioners first choose to enter the speciality.

Tracy Shepherd-Regan RGN NIP at Indulgence Skin Laser & Beauty Clinic told me about her thoughts on the day; *"I was motivated to come today, partly because I'm currently doing my Level 7 studies. I think it's an essential for everyone in aesthetics. You learn far more by doing the hands-on than you would do just by looking at a textbook – we can*

all know the theory, but it's quite different sometimes in practice, and it's good to see it 'in the flesh' so to speak. I think after an anatomy dissection course like this, it makes you a better injector; it makes you more confident; and it makes you more aware of risk areas, so you can ensure that you're doing things safely."

As the day progressed, confidence in dissection increased and delegates worked with fluidity and precision. Whilst watching two delegates expose the infra-orbital nerve, I witnessed both delight at the discovery of this deep structure, and a sense of affirmation and relief. This was most noted when they replaced the anatomy, placed a bolus of ink-dyed filler, delivered through surface anatomical observation alone, and were able to hit the 'danger zone' that they had just uncovered beneath. The affirmation of surface landmarks and practice for injection techniques, by being able to 'look beneath' as well, provided delegates with much reassurance of their existing skills.

"The inaugural event today, with our BACN nurses has been amazing, and we have been able to make it affordable. We have another date planned for later in July, which now has a waiting list. It just shows that there is a need for it, and I hope we can do some more dates in future"; said Sharon Bennett.

LMEDAC has many future plans, including to have their own specialist training facilities.



"Firstly, we need some premises, which is out next goal. It would be great for us not to be reliant on which venues can do the dates that we want to do, be restricted by medical time tables, or manufacturers wanting to do bespoke training for their own products. We're looking to provide (anatomy) training related to specific procedures, rather than a particular product, so that everyone can benefit from that"; noted Liz Thornber.

Similarly, they would like to further raise public awareness of the donor programmes that exist for donating your body and tissue for medical anatomical dissection, with a long-term view to creating their own donor programme, as well as managing the current problems and inefficiencies which exist with unwanted donations falling through the gaps in the current services. It is hoped with increased donations, streamlined services and a bespoke venue, this would help to further bring down the costs associated with current training in anatomy for medical practitioners.

In June, LMEDAC won the Bill Bendyshe-Brown Award for SME Business Excellence 2017. The award celebrates achievements of excellence among small and medium sized enterprises in the Buckinghamshire area.

"The Bill Bendyshe-Brown Award is important to us, it means our work is being recognised and attention is finally being drawn to the importance of continuous surgical training and the pertinence of reducing surgical errors.

In the future, my vision is a purpose-built venue where people can come and donate themselves to medical teaching. Family and loved ones will receive a film made by us with and about the donor, where he or she tells their life story, lovingly edited by our dedicated team. A memory forever, of a true heroic persona and a gesture of love to those left behind. Our venue will have a large wall holding all the engraved plaques with the names of those who have helped improve the outcomes for others. Behind the building is a memory ground,

filled with trees and small white flowers on the ground, where those who have donated will be respectfully remembered and honoured for their outstanding generosity"; imagines Angela.

Maybe it's just me, but I would have to say that attending a facial anatomy and dissection course was an absolute privilege, and an experience that will stay with me for a long time.

As someone who writes about cosmetic treatments and aesthetic practice day in, day out, I found that the augmentation in my own learning was significant, so I can truly see the value that such hands-on experience and education can have for those medical practitioners actively delivering cosmetic interventions to the public.

I hope that anatomy training of this kind can become a pre-requisite for all aesthetic practice; and I hope I get another invite to learn more too!



Lorna Jackson, BSc.



Lorna has been Editor of Consulting Room since 2003. She is an industry commentator on a number of different areas related to the aesthetic industry. She regularly researches, investigates and writes feature articles, blogs and reports for Consulting Room and various consumer and trade publications. Lorna has been published in Aesthetic Medicine, Cosmetic News, Journal of Aesthetic Nursing, Body Language, PMFA News and Aesthetic Dentistry Today, as well as supplements in The Times and The Independent on Sunday. She has also presented at various industry events, including Smart Ideas, FACE and CCR Expo. Lorna was awarded Journalist of the Year 2014 at the MyFaceMyBody Awards.