

Guideline on Aesthetic Medical Care 2023



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INTRODUCTION

It has long been assumed that an individual's well-being is defined by satisfaction with one's health, appearance, possessions, and the environment in which he or she lives. This has contributed to the recent emergence of a medical modality known as ***aesthetic medical practice***, the goal of which is to achieve a harmonious physical and psychological balance. This practice is becoming more popular both globally and nationally.

A significant number of registered medical practitioners are already engaged in this practice or wish to enter it. However, there have been reports of negative outcomes, such as disfigurement and even death, as a result of aesthetic procedures performed by incompetent medical and non-medical practitioners.

Every individual is born with a unique personality, and so is the smile. It is said, beauty in things exists in the mind which contemplates them. Each mind perceives beauty differently, and so are the cultures and ethnic backgrounds.

DEFINITION

Aesthetic medicine	Aesthetic Medicine comprises all medical procedures that are aimed at improving the physical appearance and satisfaction of the patient, using non-invasive to minimally invasive cosmetic procedures (American academy of aesthetic medicine, 2023).
Registered medical practitioner	Registered medical practitioner is defined as a medical practitioner who is registered and holds a valid practicing license from their respective councils

PRE-TREATMENT ASSESSMENT FOR INVASIVE/MINIIMALLY INVASIVE PROCEDURES

- i. Assessment of the patient's general health and a relevant examination
- ii. Assessment of patient expectations
- iii. Analysis and discussion of possible treatment options for the specific aesthetic concerns.
- iv. Assessment of the patient's psychological state and onward referral if appropriate.
- v. Request relevant tests and investigations.
- vi. Communicate relevant findings to appropriate colleagues involved in the patient's care, including the physician.
- vii. If the patient declines permission to communicate with the physician, the fact must be recorded in the clinical notes and the implications of the decision communicated to the patient verbally and in writing (e.g., The potential cost implications of developing a medical post operative complication such as a DVT).
- viii. A pre-operative assessment of fitness for anesthesia MUST be made at least 2 days before general, regional, spinal or any anesthesia involving sedation.
- ix. If the anesthetist advises that the planned program is not safe, that advice is final

CLASSIFICATIONS OF ANESTHETIC MEDICAL PROCEDURES

Aesthetic medical procedures should be supported by scientific evidence and/or have the consensus of local medical experts that they are well established and acceptable. These procedures are classified as:

- i. **MINIMALLY INVASIVE PROCEDURES:** treatment procedures that cause minimal tissue damage at the point of instrument entry. These procedures involve integument penetration or transgression but are limited to the sub-dermis and subcutaneous fat; they do not extend beyond the superficial musculoaponeurotic layer of the face and neck or the superficial fascial layer of the torso and limbs.
- ii. **INVASIVE:** Treatment procedures that penetrate or break the skin through perforation, incision, or transgression of integument, subcutaneous, and/or deeper tissues, often with extensive tissue involvement in both vertical and horizontal planes by various means, such as the use of a knife, diathermy, ablative lasers, radiofrequency, ultrasound, cannula, and needles, are classified as this.

SAFETY CONSIDERATIONS

All cosmetic procedures are not entirely risk-free. Anesthetic reactions, bleeding, infections, scarring, pigmentary changes (hypo- or hyperpigmentation), and even death are all common complications. When a procedure has the potential for serious complications, it may be classified as invasive even if it causes minimal skin damage.

CLASSIFICATION OF REGISTERED MEDICAL PRACTITIONERS PRACTICING AESTHETIC MEDICAL PRACTICE

For the purpose of this guideline, registered medical practitioners practicing aesthetic medical practice are classified as:

SPECIALISTS

- i. dermatologists, MD dermatology
- ii. plastic surgeons

NON-SPECIALIST'S

- i. General practitioners, MBBS doctors
- ii. Nurses
- iii. Others (Estheticians, Cosmetologists)

CLASSIFICATION OF REGISTERED COSMETIC CENTERS

LEVEL I AESTHETIC CENTER:

Level I Aesthetic Center: Procedures that are minimally invasive and carry low risk to patients, including, but not limited to, the noninvasive procedure and the annex I (noninvasive procedure). The primary practitioner (non-specialist, i. General practitioners MBBS doctors, Estheticians, Cosmetologists and Nurses) in the center must have appropriate training and practice License. Other employees can be train to do procedure under supervision by the primary practitioner. If any complication arises or a complaint is filed shared responsibility has to be taken by the primary practitioner and the staff who was responsible for the procedure. (Annex A. Non-Invasive procedure included not limited to)

LEVEL II AESTHETIC CENTER:

Those aesthetic medical procedures defined by the board from time to time as moderate risk which shall be more invasive and of greater risk than Level I procedures, including, but not limited to, the procedures described II. The primary practitioner must be medically trained professional (eg doctor who has a post graduate license on dermatology, plastic surgery etc). Other employees who are medically trained for example nurses, or professionally trained (medial aesthetic professionals) can be employed. They can do some of the procedure under supervision by the primary practitioner. If any complication arises or a complaint is filed responsibility has to be taken by the primary practitioner and the staff who was responsible for the procedure. (Annex B. Invasive procedure included not limited to).

LEVEL III AESTHETIC CENTER:

Aesthetic medical procedures defined by the board from time to time as high risk which shall be more invasive and of greater risk than both Level I and Level II, including, but not limited to, the procedures described in III. The primary practitioner must be medically trained professional, who has a post graduate license after medical degree on dermatology, surgery etc. Other employees who are medically trained for example nurses, or professionally trained (medial aesthetic professionals) can be employed. They can do some of the procedure under supervision by the primary practitioner. If any complication arise or a complaint is filed responsibility has to be taken by the primary practitioner and the staff who was responsible for the procedure. (Annex C. Advanced Invasive procedure included not limited to).

The terms “medical cosmetics,” “medical aesthetics,” “medical spa,” or any derivative of these terms may not be used to describe a practice, unless that practice and the practitioners of the practice perform Level II or Level III Centers.

For level II and III Centers the primary practitioner shall have the necessary education, training and experience to perform Level II and Level III procedures for examples license for practicing medicine in Maldives. Any other staff if and when they are carrying out any of the procedure, they should have proper training and may carry some of the procedure under the supervision of the primary care giver.

CONCENT AND DOCUMENTATION

Informed written consent has to be obtained before any of the invasive procedures and also when any procedure is performed on a minor, aged 18 and below. Proper documentation of procedure and a summary of the procedure along with after care instruction should be given to the patient. A follow up plan has to be given to the patient when needed and advice regarding aftercare if and when necessary.

Preoperative tests and investigations should be performed where appropriate. If and when there are any concerns regarding the general health of the patient undergoing an invasive procedure. (Annex D.PRE TREATMENT ASSESSMENT FOR INVASIVE PROCEDURES). The practitioner should inform the patient of the financial implications. When needed patients should be aware of the need for histological examination of any tissue specimens and the costs involved.

REFERENCE

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- The British Association of Aesthetic Plastic Surgeons at the Royal College of Surgeons of England 35 – 43 Lincoln’s Inn Fields, London

A. Non-Invasive procedure:

1. Laser-based devices, such as:
 - i. Non-ablative, non-vaporizing lasers for hair removal, only; or
 - ii. Non-ablative, non-vaporizing lasers for the treatment of skin;
2. Light-based devices, such as:
 - i. Light-emitting diodes;
 - ii. Intense pulsed light therapy for hair removal; and
 - iii. Intense pulsed light therapy for the treatment of skin;
3. Energy-based devices, such as:
 - i. Monopolar radio frequency devices for skin tightening and photo-rejuvenation, only;
 - ii. Bipolar radio frequency devices for skin tightening and photo rejuvenation, only; and Combination radio frequency devices for skin tightening and photo rejuvenation, only, including:
 - a. Ultra-sonic procedures;
 - b. Intense pulsed light therapy; and
 - c. Infrared based procedures;
 - d. Mechanical tissue alteration, such as:
 - i. Microdermabrasion;
 - ii. Derma plane exfoliation; and
 - iii. Electrotherapy;
 - e. Chemical tissue alteration, such as:
 - i. Chemical peels that are superficial
 - ii. (2) Chemical exfoliation by the use of acids comprised of greater than 20% concentration with a pH value of less than or equal to 3.0, or unbuffered; and

- f. Non-invasive body contouring, including cryotherapy and radiofrequency body sculpting, and as determined by the board from time to time

B. Invasive procedure included not limited to:

1. Lasers, such as ablative and non-ablative, vaporizing lasers;
2. Light, such as photodynamic therapy using aminolaevulinic acid;
3. Combination modalities, such as:
 - i. Laser and radio-frequency combinations; and
 - ii. Intense pulsed light and radio frequency combinations;
4. Injectables such as:
 - i. Neuromodulators (Botulinum toxins);
 - ii. Tissue fillers; and
 - iii. Sclerotherapy;
5. Mechanical tissue alteration, such as dermabrasion;
6. Chemical tissue alteration that requires going below the stratum corneum and deeper than 35% of the depth of the dermis, such as:
 - i. Chemical peels that are non-superficial; and
 - ii. Chemical peels that use trichloroacetic acids above 15% concentration
7. Tattoo removal; and
8. Invasive body contouring, such as:
 - i. Laser-assisted liposuction;
 - ii. Cryogenic liposuction; and
 - iii. Liposuction by any other method.

D. Table shows the minimum level of competence required of the provider in aesthetic treatments and minimum level of the procedures rooms that is required for a procedure.

Table 1: Level I Centers	
Type of procedure	Appropriate premise which procedure can be done
NON-INVASIVE/MINIMALLY INVASIVE	
Chemical or pressurized Gas/Liquid peels	Clinic
Intense pulsed Light (IPL)- skin rejuvenation	Clinic
Radiofrequency, infra-red, ultrasound and other light-based devices	Clinic
Lasers/ IPL for hair removal	Clinic
Photodynamic therapy	Clinic

Clinic with procedure room

Table 2: Level II and III Centers	
Types of procedure	Appropriate premises at which procedure can be done
Photo pneumatic Therapy	Clinic
External Lipolysis (Heat/Cold/ultrasound)	Clinic
Minimally Invasive	
Botulinum Toxin Injection	Clinic
Filler Injection (Face, Neck and Hands only)	Clinic
Sclerotherapy	Clinic
Thread Lifts	Clinic
Lasers for treating Vascular Disorders	Clinic
Lasers for pigmentary disorders	Clinic
Fractional lasers for skin Rejuvenation	Clinic
Ablative lasers for benign tumors	Clinic
INVASIVE	
Free fat grafting (Body)	Operation Theatre Setup
Hair Transplantation	Operation Theatre Setup
PRP	Procedure room
Dermabrasion (mechanical)	Clinic

Table 3: Level II and III Centers

Type of Procedure	Premises at which procedure can be done	Specialists who can perform the procedure
NON-INVASIVE		
Chemical or pressurized gas/liquid peels	Clinic	Dermatologist, Plastic Surgeons and Ophthalmologist trained in oculoplastic surgery
Intense pulsed light (IPL)-skin rejuvenation	Clinic	Dermatologist, Plastic Surgeons and Ophthalmologist trained in oculoplastic surgery
Radiofrequency, infra-red, Ultrasound and other light-based devices, e.g. For Rejuvenation	Clinic	Dermatologist, Plastic Surgeons and Ophthalmologist trained in oculoplastic surgery
Lasers/IPL for Hair Removal	Clinic	Dermatologist, Plastic Surgeons and Ophthalmologist trained in oculoplastic surgery
Photodynamic Therapy	Clinic	Dermatologist and plastic surgeons
Photo pneumatic Therapy	Clinic	Dermatologist and plastic surgeons
External Lipolysis (Heat/Cold/ultrasound)	Clinic	Dermatologist and plastic surgeons
MINIMALLY INVASIVE		
Botulinum Toxin Injection	Clinic	Dermatologist, Plastic Surgeons and Ophthalmologist trained in oculoplastic surgery

Table 4: level III Centers		
Type of Procedure	Appropriate premises to do	Specialists who can perform the procedure
Filler injection (face, Neck and Hands only)	Clinic	Dermatologists, plastic surgeons, ENT surgeons with facial plastic training (for nose fillers only) and Ophthalmologist trained in oculoplastic surgery
Phlebectomy	Operation Theatre Setup	General Surgeons trained in vascular surgery and plastic surgeons
Sclerotherapy	Clinic	Dermatologists, plastic surgeons and General vascular trained in vascular surgery
Thread lifts	Clinic	Dermatologists, plastic surgeons and ophthalmologists trained in oculoplastic surgery
Lasers for treating vascular	Clinic	Dermatologists, Plastic Surgeons and Ophthalmologists trained in Oculoplastic surgery
Lasers for pigmentary Disorders	Clinic	Dermatologists, Plastic Surgeons and Ophthalmologists trained in Oculoplastic surgery
Fractional Lasers for Skin Rejuvenation	Clinic	Dermatologists, Plastic Surgeons and Ophthalmologists trained in Oculoplastic surgery
Ablative lasers for Benign Tumors	Clinic	Dermatologists, Plastic Surgeons and Ophthalmologists trained in Oculoplastic surgery
INVASIVE		
Abdominoplasty	Operation theater setup	Plastic Surgeons

Clinic with procedure room

Table 5: level III Centers		
Type of procedure	Appropriate premises at which procedure can be done	Specialists who can perform the procedure
Blepharoplasty (including double eyelid)	Operation theater setup	ENT surgeons with facial plastic training, Ophthalmologists trained in Oculoplastic surgery and plastic surgeons
Breast enhancement /reduction (implants or any other invasive methods, including fat but excluding fillers)	Operation theater setup	Plastic surgeons
Brow lifts	Operation theater setup	ENT surgeons with facial plastic training, Ophthalmologists trained in Oculoplastic surgery and plastic surgeons
Endo venous laser Sclerotherapy	Operation theater setup	Dermatologists, Plastic surgeons and General Surgeons trained in Vascular surgery or General surgeons who have completed 20cases (as primary surgeons) under the supervision of a general surgeon trained in Vascular surgery
Free fat grafting (body)	Operation theater setup	Dermatologists, plastic surgeons and Ophthalmologists trained in Oculoplastic Surgery (extracted with syringes)
Hair Transplantation	Operation theater setup	Dermatologist and Plastic surgeons
Facial implants (excluding breast implants)	Operation theater setup	ENT Surgeons with facial plastic training, Plastic Surgeons and Ophthalmologists trained in Oculoplastic surgery
Rhinoplasty	Operation theater setup	ENT Surgeons and Plastic Surgeons
Rhytidectomy (facelift)	Operation theater setup	ENT Surgeons with facial plastic training, Plastic Surgeons and Ophthalmologists trained in Oculoplastic surgery

